See Me.
See Change.

Staff Workbook One

See Me
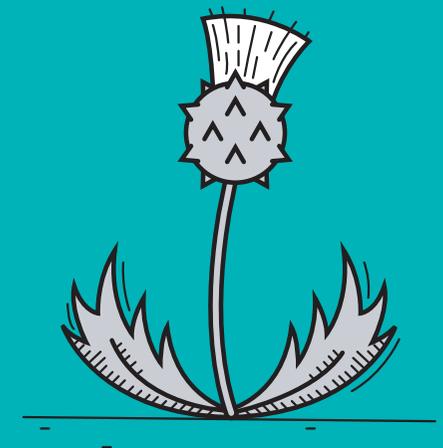End mental health discrimination

Thank you for showing an interest in learning about mental health stigma and discrimination and becoming part of the See Us movement, of people all over Scotland who are working to make a positive difference to the lives of people with lived experience of mental health problems.

We all have mental health, and any of us could go through a period where we struggle, but it's only with people like you that we can ensure that when we do, we are treated fairly, with dignity and respect.

A special thanks to all the See Me Youth Champions, See Me Volunteers and Young People Consultants who helped to develop the See Me See Change resources and sessions, as well as all the schools, leads and organisations that worked with See Me over the years and helped increase our knowledge and understanding of what works to tackle mental health stigma and discrimination in schools.

Special thanks also goes to everyone involved in the See Me See Change pilot, including North Ayrshire and Scottish Borders high schools, Lochend Community High School and Dunoon Grammar School; whose participation in the pilot, feedback and ideas have been so valuable and have blazed an anti-stigma path for lots more Scottish schools to follow.

We would also like to thank the Mental Health Foundation for their support evaluating the pilot.

Contents

What is See Me See Change?

Our previous research has found that 51% of young people wouldn't tell anyone if they were finding it difficult to cope with their mental health as the fear of being judged, dismissed and not taken seriously makes it difficult for young people to tell anyone how they feel. This must change. We need more young people to feel that they can speak to adults in their life about how they are feeling and reach out for support when they are struggling.

The See Me See Change approach has been developed by See Me, through a combination of co-production with young people; piloting the approach with various schools and local authorities across Scotland; and input from a range of key partners and stakeholders.

The See Me See Change approach for schools is for anyone who is interested in learning more about the impact that stigma and discrimination have on people who experience mental health problems, and wants to do something to make things better.

The See Me See Change approach includes separate pupil and staff training sessions, to support you and the young people you work with to understand ways you and your school can tackle mental health stigma and discrimination.

After the sessions, pupils and staff will come together to develop an action plan for your school to tackle stigma and discrimination and create a positive environment that is inclusive of mental health.

Pupils will take part in four separate training sessions that will include learning about mental health, understanding mental health stigma and discrimination and ways to tackle stigma and identifying actions for your school to take. The sessions will empower pupils to make a positive change across the school and support their peers to get involved too.

Participation is encouraged from all staff, not just those in teaching or pastoral positions. The staff sessions will cover similar topics to the pupils' sessions and also look in more detail at how mental health stigma and discrimination can be tackled across the school, from leadership to culture to learning. You will be expected to complete Staff Workbook One as part of the approach, and there is an optional Staff Workbook Two to further enhance learning and understanding of the topics.

The sessions will help build your knowledge, ability and confidence to have conversations about and support the mental health needs of pupils and peers in your school. Pupils will also be expected to complete three workbooks alongside their sessions.

We have created two workbooks to support you in your journey through the See Me See Change approach that will enable you to learn more about mental health stigma, from its impact to the many ways we can reduce and tackle stigma and discrimination across your school community.

How to use this workbook

You will need a computer, tablet or smart phone with PDF reading software and an internet browser. You can fill in the text boxes and click links that will open in your browser.

You will be guided to content from websites, watch videos and hear stories from people with lived experience of mental health stigma and discrimination. The PDF offers suggested points for group discussion, if this is something you are able to do; in which case, you may want to set up group messages or calls with peers, or arrange to meet in person. You can also complete it on your own.

You may want to have a pen and paper to take some notes or write down ideas.

Most importantly – work at your own pace, in your own way, and don't forget to save your work as you go.

This PDF will work best on a PC or laptop and we advise you download and save it before you start, to make sure you don't lose your work.

Overview to workbooks

Staff Workbook One – mandatory: complete prior to See Me See Change Staff Session One

- Understanding mental health stigma and discrimination
- Impact of mental health stigma and discrimination
- Approaches to tackling stigma and discrimination
- Introduction to a whole school approach to tackling stigma and discrimination
- Appendices.

Staff Workbook Two – optional: supporting workbook to complement See Me See Change Staff Session Two

Adopting a whole school approach to tackling mental health stigma and discrimination:

1. Leadership
2. Culture and ethos
3. Wider school community
4. Learning and curriculum
5. Enabling young people's voices and participation
6. Staff development and health and wellbeing

Exploring your school as your workplace:

- Staff development and wellbeing
- Schools as your workplace.

Action planning guide for pupils and staff

What is See Me?

See Me is Scotland's national programme to end mental health stigma and discrimination. See Me works across a range of settings including health and social care, workplaces and education, as well as working with a number of communities and priority groups.

All See Me's work is guided by lived experience and the See Me education and young people's programme centres around the voices of young people, empowering them to make positive changes.

Driving the change across Scotland is the See Us movement, made up of thousands of people, like you, who are doing something to make a positive difference.

You can learn more about See Me and our work here.

Learning outcomes

See Me See Change staff sessions are designed to support school staff at all levels to:

- Gain an increased understanding of mental health stigma and discrimination.

- Develop a greater awareness of the impact of mental health stigma and discrimination.

- Gain an increased knowledge of approaches to reduce mental health stigma and discrimination across various settings.

- Know what actions you can take in your school that address stigma and discrimination.

- Gain a better understanding of where you can access resources to continue your development.

- Be able to embed a focus on mental health stigma and discrimination when adopting the whole school approach in your school.

What is mental health?

Mental health includes our emotional, psychological and social wellbeing. **World Health Organization** defines mental health as:

"Mental health is the foundation for the wellbeing and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others."

Mental health and wellbeing exist on a continuum which means our emotional health and wellbeing can fluctuate depending on our:

- environment
- experiences
- genes and biological makeup
- supports and personal resources available to us.

Remember:

- We all have mental health, just as we have physical health. They are both equally important.

- Everyone's experience of mental health is different and it doesn't always stay the same. It can change as circumstances change and as you move through different stages of your life.

- Mental health doesn't equate mental illness; mental health is more than mental health problems.

- Recovery from mental health problems is possible with appropriate support and treatment.

- We all need to work to maintain good mental health in the same way we look after our physical heath.

- Normalising conversations about mental health is really important in reducing mental health stigma.

The mental health continuum

Our mental health exists on a continuum. There are two interacting continuums, one that represents positive and negative mental wellbeing and the other that represents the presence or not of a diagnosed mental health problem[1]:
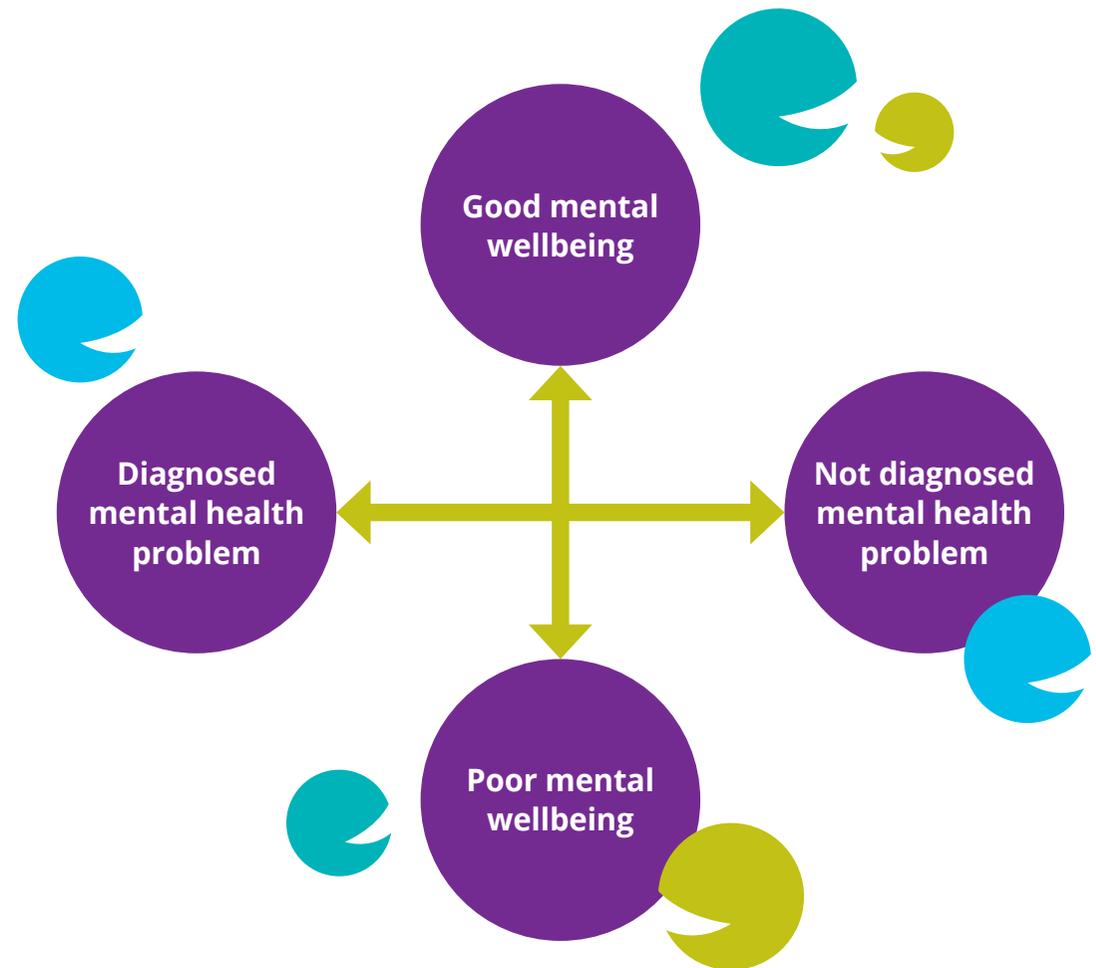
- People are not stuck in one place – they can move up, down and all around this continuum throughout their life.

- When our mental wellbeing is well managed, we can exist in the positive half of this continuum, regardless of any medical diagnosis.

Learn more about the mental health continuum via this **video**.

Further learning

Scottish Government commissioned Mental Health Foundation, Digital Bricks Learning and Children's Health Scotland to create a **Professional Learning Resource** for all staff working in schools across Scotland. It aims to provide school staff with knowledge and understanding of mental health and wellbeing in schools and a range of opportunities to learn about experiences and advice from practitioners and young people. It is open access and available to anyone who may find it of benefit.

The professional learning resource goes into much greater detail if you want to learn more about children and young people's mental health. You can access the resource **here**.

Good mental wellbeing

Diagnosed mental health problem

Not diagnosed mental health problem

Poor mental wellbeing

1. Westerhoff and Keyes. Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866965/

Understanding mental health stigma and discrimination

In Scotland, over the last decade there has been a sea change in the profile of mental health: in politics, in the media, in public and private services and across the population as a whole.

There has been a noticeable shift in how people think and talk about mental health. Increasingly people are talking more openly about their mental health and that of others, are sharing experiences of mental health problems, are seeking help and support, and providing support to others.

There is a growing perception that this positive change is due to a reduction in stigma and whilst this may be true in part, unfortunately evidence suggests that behaviours towards mental health, particularly towards people who experience mental health problems, are more challenging to shift. A high profile for mental health does not necessarily mean an equal reduction in stigma and discrimination.

See Me defines stigma as:

"The negative attitudes or beliefs based on a preconception, misunderstanding or fear of mental health."

See Me defines discrimination as:

"When a person performs an action, whether intentional or unintentional, that creates barriers and inequality for people with lived experience of mental health problems."
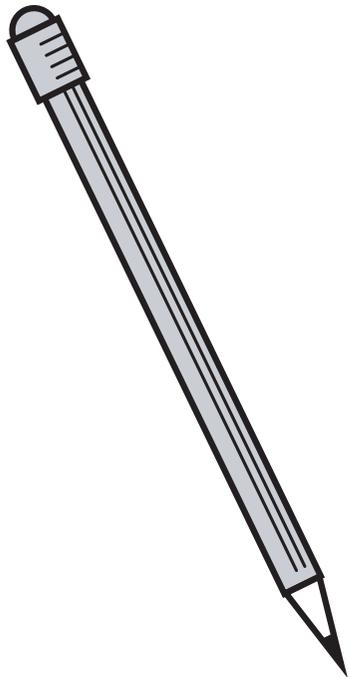
Reading some of the **See Me Volunteer's Personal Stories** can help to understand stigma and discrimination further.
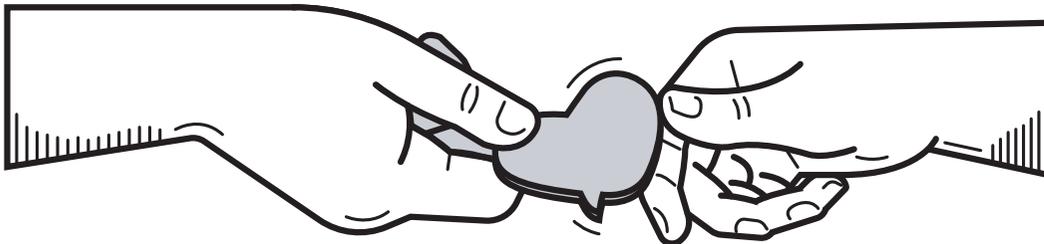
Activity 1: Reflective question

Based on the definitions provided and your own thoughts about stigma and discrimination, can you think of examples of how they might occur around you?

One example for each is provided.

Examples of stigma

A person sees someone with schizophrenia portrayed in a film as dangerous and worries they might be seen as dangerous if they have the condition.

Examples of discrimination

A line manager gives an employee a disciplinary for being off work with depression because they think they are faking it or depression isn't real.

See Me identifies four types of stigma

Public stigma

Public stigma can be described as the negative attitudes and beliefs held by the general public towards people with mental health problems.

Self-stigma

Self-stigma happens when people who experience mental health problems internalise public stigma and believe these negative attitudes apply to them. This can result in people limiting themselves and it can slow down recovery.

Stigma by association

Stigma by association can be experienced by someone connected to people with mental health problems, e.g. family member or friend who experience stigma as a result of this association.

Structural stigma

When the rules, policies, and practices of organisations restrict the rights of and opportunities for people with mental health problems. You can learn more about the social inequalities that people experiencing mental health problems face **here**.

Types of stigma and what this might look like in a school setting

| Type of stigma	Definition	What it might look like in a school setting
Public stigma	The negative attitudes and beliefs held by the general public towards people with mental health problems, often labelled as unpredictable, aggressive and dangerous.	The belief that pupils with mental health problems might not be able to achieve certain things or that they are weak, so must take certain bits of work or responsibility away from them. For instance, not supporting a pupil with a mental health problem to apply for an opportunity because staff feel "it might be too much for them".
Self-stigma	This happens when people who experience mental health problems internalise public stigma and believe these negative attitudes apply to them. This can result in people limiting themselves and it can slow recovery.	Pupils feeling fearful to ask for help in case someone will call them names or they will become isolated from friends and family, or feeling that they are not able to achieve their goals so might not put themselves forward for opportunities.
Stigma by association	Stigma by association can be experienced by someone connected to people with mental health problems, e.g. family member or friend who experience stigma as a result of this association.	Peers excluding another pupil and not wanting to be their friend because they have a parent or sibling with a mental health problem.
Structural stigma	When the rules, policies, and practices of organisations restrict the rights of and opportunities for people with mental health problems.	When school policies and practice discipline someone for low attendance rates or being late without taking into account individual circumstances – especially around things that might relate to mental health problems like attending appointments and changes to medication.

Activity 2: Types of stigma

Put the corresponding letter for the type of stigma next to each example of stigma (you can refer to page 13 for the definitions).

Answers are in Appendix A on page 26.
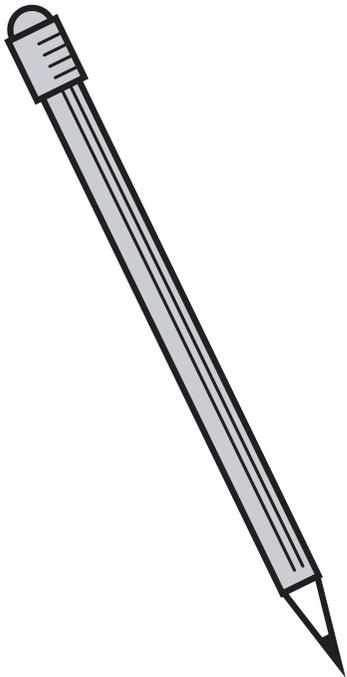
A: Self-stigma

B: Public stigma

C: Structural stigma

D: Stigma by association

☐ A mother whose son died by suicide is not supported by her family, who are embarrassed by the situation.

☐ A person who is struggling with depression thinks that it means they are a burden for others.

☐ An employer has no guidance or policy on implementing reasonable adjustments for someone who is experiencing mental health problems.

☐ A music video portrays a psychiatric ward as the stereotypical 'horror movie' ward full of dangerous patients.

Examples of discrimination in a school setting:

- **Dismissing a pupil or staff member's concerns due to their mental health problem.**

- **A pupil being refused a learning opportunity based on disclosure of a mental health problem.**

- **Failing to make 'reasonable adjustments' for a pupil or staff member so that they are not at a disadvantage.**

- **Harassment, intimidation, name calling and humiliation based on a perceived or diagnosed mental health problem.**

A simple way to understand both stigma and discrimination is that 'stigma' is the negative attitudes and assumptions which people hold, whereas 'discrimination' is the actions based on those negative attitudes and assumptions.

So, you could think of stigma as **thoughts** and discrimination as **actions**.

Impact of mental health stigma and discrimination

For those who live with mental health problems, experiencing stigma and discrimination can have a profound impact on day to day life. It can be difficult to talk about mental health, and when people do speak out they often feel that they are let down and misunderstood by family, friends, health professionals and work colleagues. While recognising that this is often unintentional, it can have a big impact on a person's ability to deal with a problem or illness.

Stigma and discrimination can make a person feel like they don't matter and it can be frustrating to think that others view a mental health diagnosis as a more important part of someone's personality than the person themselves. The impact that the actions and reactions of others have on an individual should not be underestimated. Stigma and discrimination can leave you feeling isolated and can affect your day to day life.

You can read the personal stories of our See Me volunteers to learn about the impact stigma and discrimination had for them, and what has helped them to reduce the stigma surrounding mental health:

See Me | Dean's Story (seemescotland.org)

See Me | Hannah's Story (seemescotland.org)

See Me | Osama's Story (seemescotland.org)

See Me | Daytona's Story (seemescotland.org)

Activity 3: Reflective question

Can you think of some common issues people face because of mental health stigma and discrimination?

There are two examples provided.

Common issues that people face:

Creating false reasons for not going out due to fear of telling people that you are struggling with a mental health problem.

Isolation from friends, colleagues, family and daily activity.
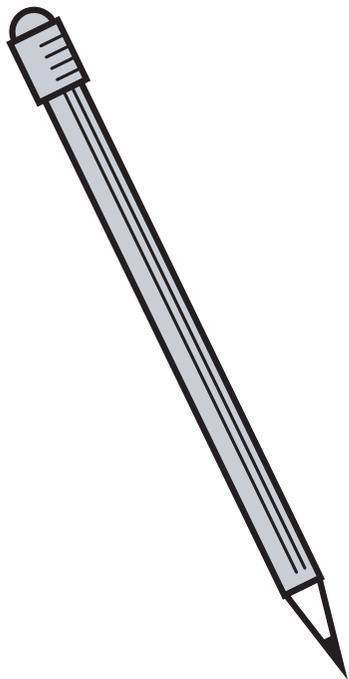
Ways to reduce mental health stigma and discrimination

Tackling mental health stigma is critical to good mental health and access to services. Reducing stigma is foundational to good mental health outcomes because if stigma still exists, support and services won't be accessed or effective, and can lead to discrimination.

We need young people and staff to understand that it's okay not to be okay and that they can talk about how they are feeling. We also need adults in young people's lives to understand how to talk about mental health and how best to support young people.

At See Me we believe that everyone has the right to be treated with dignity and respect, to feel able to speak openly and honestly about their mental health and to receive treatment if they are ill or distressed.
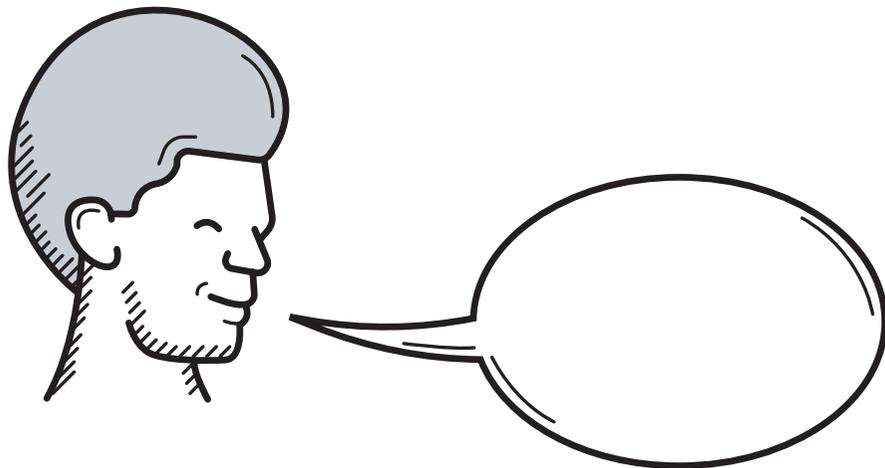
Tackling mental health stigma and discrimination takes time and requires a culture shift, from the way we think and talk about mental health to how we view mental health.

On the following pages we have information on the key methods: **social contact**, **education** and **protest / influencing**, which, according to research and evidence, should be used to tackle mental health stigma and discrimination. These different methods are not exclusive to one another – using a mix of them is most effective.

Considering social contact, education and protest / influencing approaches when developing your school action plans to tackle mental health stigma and discrimination will ensure not only that you are applying an evidence based approach to the task, but also that you are creating a whole school environment that is mental health inclusive.

Social contact

Social contact happens when people who have experience of mental health problems and those who do not have conversations about mental health, and is one of the most effective ways to change attitudes towards people with mental health problems. This tends to be a planned interaction between people with mental health problems and key groups, and can also extend to include listening to, watching or reading about someone's experiences.

Social contact works because it focuses on the people, not the labels of the mental health problem. This means that negative assumptions and attitudes are challenged, in turn reducing stigma and discrimination.

Within a school setting, social contact might be more possible through listening to, watching or reading about someone's experiences. Sharing **See Me videos and blogs** can help to increase understanding of what it is like to have a mental health problem. It may be that there are members of your school community who are willing to share their own experiences and the individual(s) should be properly safeguarded in these instances. You can read more about the impact that real stories can have **here**.

Creating opportunities for peer to peer support can support social contact approaches as well as exploring ideas such as alumni returning to the school to share their experiences. Again, all of these ideas should be considered carefully and ensure that the individuals is happy and comfortable to talk about their experience.

Social contact can be maximised by creating opportunities and facilitating a movement within your school community to build skills, capacity and opportunities for people with lived experience to be trained as leaders, champions and influencers of change.

Targeted activity and interactions that embed credible social contact / lived experience not only highlights the reality of stigma and discrimination experienced, but also reinforces recovery and proposes steps and improvement that would make the experience much more inclusive and positive for those experiencing mental health problems.
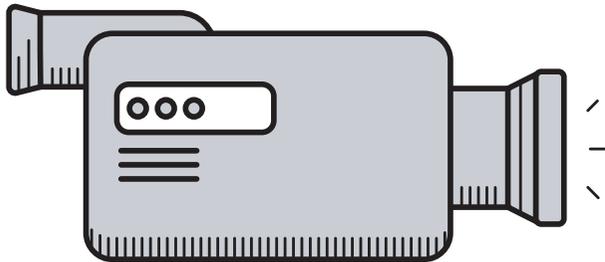
71%
of people with mental health problems say they have experienced stigma or discrimination from someone.

Activity 4:
Lived experience video

Watch See Me's Youth Champions give advice to adults on mental health.

Reflective questions

Considering the video and previous information regarding social contact, reflect on some of the questions below:

- What does social contact mean to you?

- How could social contact support tackling stigma and discrimination in your school?

- What opportunities are there to embed social contact into your school, through face to face contact, or through sharing See Me videos or resources which include people's stories?

Education

Education seeks to replace stigmatising attitudes with accurate representations of mental health. Education doesn't just mean in schools or educational establishments, but in educating society to reduce stigmatising attitudes, and change language and behaviour by providing information which disproves misconceptions and stereotypes.

This can be done in a variety of ways, including conversations, leaflets, posters, books, lectures, videos and teaching materials, like this workbook. Through providing facts and dispelling myths about mental health, people are better able to understand and support others with mental health problems.

Education around the impact stigmatising language can have and how to talk about mental health and mental health problems can be a great place to start when exploring education approaches to tackling mental health stigma and discrimination. See **Appendix B on page 27** for more information on how to talk about mental health and mental health problems.

Educating and raising awareness of how to have supportive conversations and speak about mental health is also an area that your school staff and pupils could focus on as part of your school action plans. **Appendix C on page 29** offers an overview of top tips on how to have supportive conversations which will be discussed in Staff Session One.

See Me also has developed a range of resources to support having conversations about mental health, including our **Whats On Your Mind Card**.

66%

think that young people are dismissed by adults when they try to speak about their mental health.

Activity 5: Reflective questions

Pick a [case study](#) to read and learn more about how education has been used across school settings to tackle mental health stigma and discrimination.

● Why is it important for people to be educated on mental health stigma and discrimination?

● Is there anything from the case studies you would like to organise for your school and why?

You can write your thoughts below, or discuss with a group and take notes.
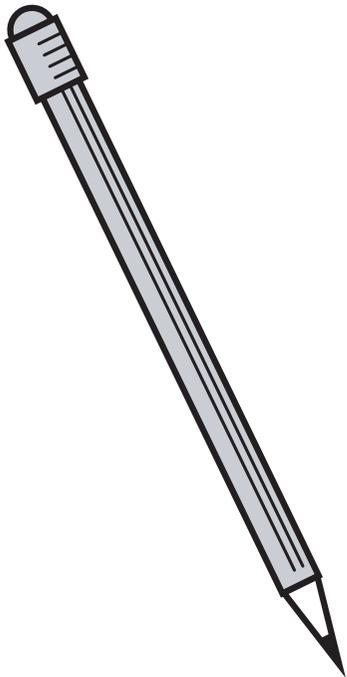
Protest and influence

A protest is a statement or action which shows disapproval or objection. Not all forms of protesting involve big groups of people and signs! It is possible to make small, individual protests and still have an impact. Protest aims to challenge and repress negative attitudes towards mental health problems when and where they are expressed.

Protest can take place in response to negative or stigmatising and discriminatory coverage of mental health problems in the media or advertisements. Previously there have been some high profile campaigns targeting supermarkets and theatre companies who use stigmatising misconceptions of mental health, e.g. a mental health patient outfit being sold for Halloween.

Things like boycotting, petitions and speaking out against inequalities are all ways to protest and influence change. It works because these actions get lots of people rallied around a shared cause and put pressure on decision makers or organisers to change.

Campaigns can be a really effective way to influence large groups of people. Check out the **See Us social movement** where you can sign up to be part of the change and get everything you need to take action to end mental health stigma and discrimination. There are lots of specific resources for different settings, including schools, workplaces and when working with young people.

You can also learn lots more about other See Me campaigns in our campaigns pack **here**.

44%
of people in Scotland have witnessed stigma and discrimination towards people with mental health problems.
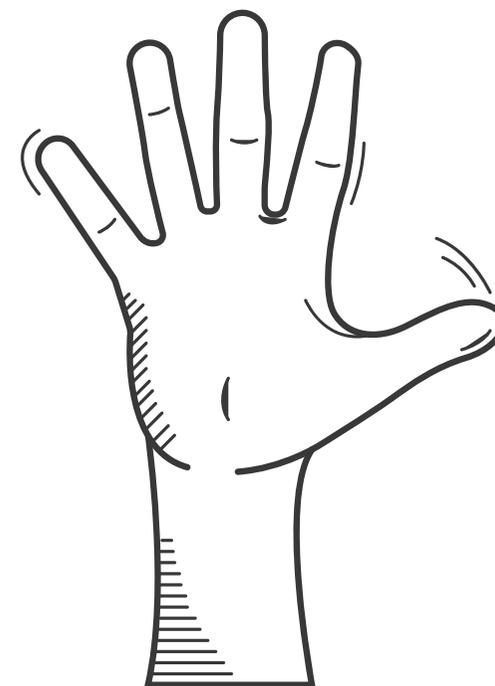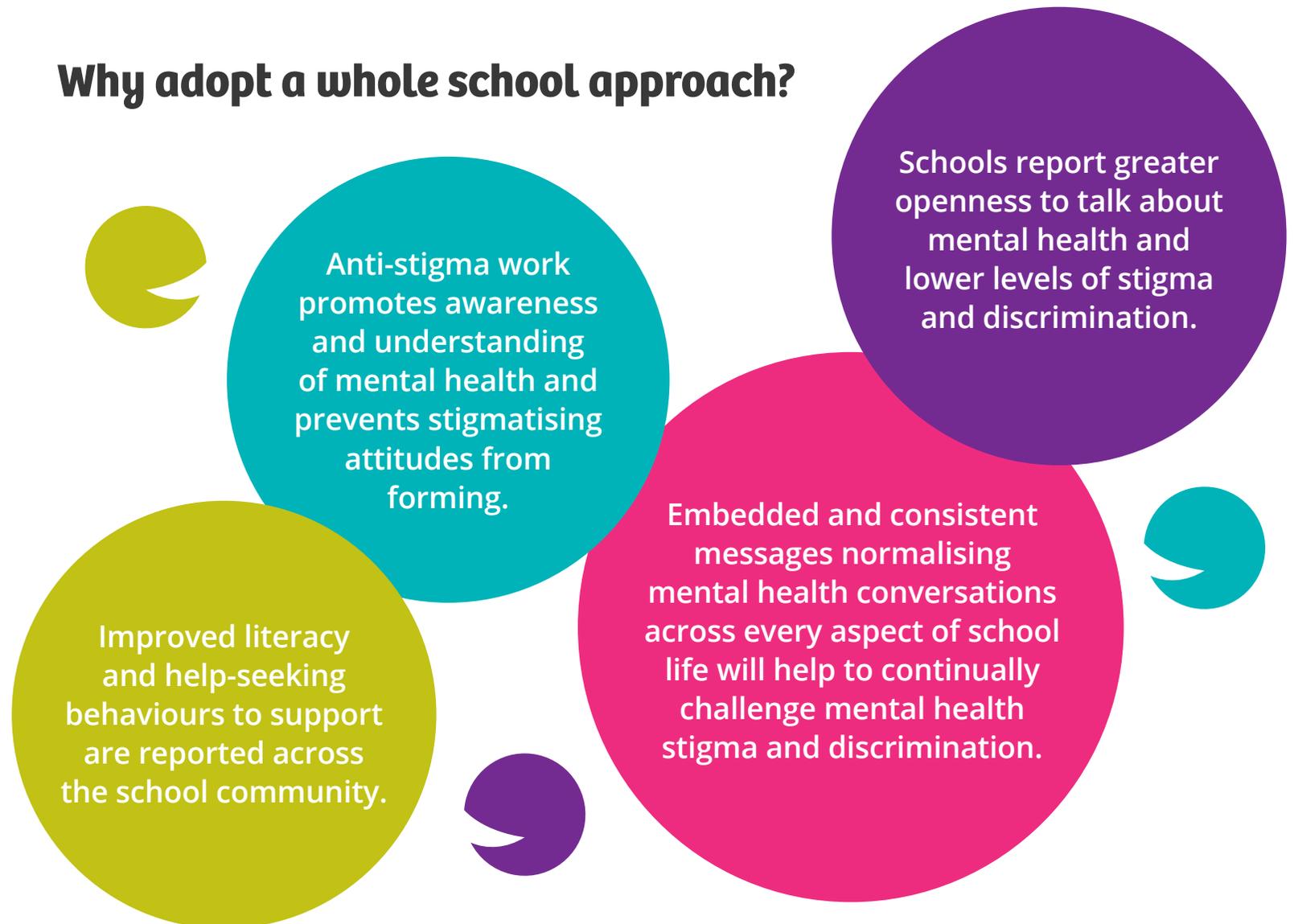
Adopting a whole school approach to tackling mental health stigma and discrimination

See Me See Change aims to reduce mental health stigma and discrimination by building the capacity of staff and pupils to understand the importance of good mental health, recognise how it affects them and build their knowledge, ability and confidence to talk openly about mental health.

Through exploring the key areas and aspects of the school community we can develop a mentally flourishing environment where everyone within the school can learn and work in an environment free from mental health stigma and discrimination.

Why adopt a whole school approach?

Anti-stigma work promotes awareness and understanding of mental health and prevents stigmatising attitudes from forming.

Schools report greater openness to talk about mental health and lower levels of stigma and discrimination.

Improved literacy and help-seeking behaviours to support are reported across the school community.

Embedded and consistent messages normalising mental health conversations across every aspect of school life will help to continually challenge mental health stigma and discrimination.

See Me has selected key areas to focus on which are in line with the Scottish Government's **Whole School Approach Framework** for schools to support children and young people's mental health and wellbeing. The areas are essential to challenging mental health stigma and discrimination and to ensure commitment is gained, people are involved and action is created.

The box on the right-hand side outlines the six key areas that See Me See Change will focus on. As part of area six, *Staff development and health and wellbeing* we are including a focus on the school as a workplace, promoting a stigma-free workplace for you and your colleagues.

The capacity building sessions and the optional Staff Workbook Two will explore these six areas of the whole school approach in greater detail, giving you the opportunity to generate anti-stigma ideas and activities for your school.

The key areas See Me See Change will focus on are as follows:

1. **Leadership and management**

2. **Ethos, culture and environment**

3. **Curriculum and learning**

4. **Wider school community**

5. **Enabling young peoples voices and participation**

6. **Staff development and health and wellbeing / school as a workplace**

End of Workbook One

Thank you for taking the time to complete this workbook ahead of participating in your See Me See Change session at your school.

Please use the space below for any notes or questions you may have ahead of your See Me See Change Staff Session One:

Appendix A: Activity 2 answers

A: Self-stigma

B: Public stigma

C: Structural stigma

D: Stigma by association

D — A mother whose son died by suicide is not supported by her family, who are embarrassed by the situation.
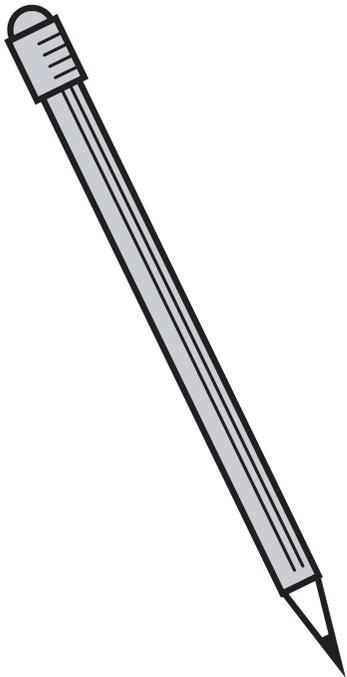
A — A person who is struggling with depression thinks that it means they are a burden for others.

C — An employer has no guidance or policy on implementing reasonable adjustments for someone who is experiencing mental health problems.

B — A music video portrays a psychiatric ward as the stereotypical 'horror movie' ward full of dangerous patients.

Appendix B: How to speak about mental health

The language we use while speaking about mental health can have a huge impact on the people we interact with.

The next couple of pages have a few helpful pointers on things to speak about and things to avoid.

General tips when speaking about mental health problems:

- Don't describe someone as 'suffering' with a mental health problem, instead use 'experiencing'.

- Don't describe someone as 'a schizophrenic' or '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.

- It's important to know that mental health problems are not adjectives and they don't define a person.

Saying things like:	Instead you could try:
- I'm a bit OCD about this...	- I'm a bit picky about this...
- I'm schizophrenic about this...	- I can be quite indecisive....
- That makes me depressed...	- That makes me sad...
Could make a person with these conditions feel undermined or unimportant.	

Suicide

Talking to someone about suicide will not make them worse or put them more at risk. This is a common fear but simply not true. Asking someone about suicide gives them a chance to be heard – maybe for the first time – and could make them feel valued or loved.

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 into the methods of suicide. When speaking about suicide use terms such as:

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

To learn more go to the **Public Health Scotland videos**.

If you think someone is at immediate risk, get help or call 999.

You can also find out more support and resources at the Samaritans website **here**.

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.

However, do remember that a person self-harming may see this as their only coping mechanism. Do not threaten to "stop them doing it from now on". Instead, support them to get help and recover.

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.

Don't 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.

Appendix C: How to have a supportive conversation – top tips

It's really important to start conversations on mental health, as it's one way that we can all help to tackle stigma and discrimination. When we are struggling we can find it hard to speak out, as we can worry about being judged, dismissed or treated differently. When we see someone struggling, it can be difficult to ask them about it, as we worry about saying the wrong thing, or making things worse. But if we're not talking about our mental health or our mental health problems, then all of these fears and worries remain and attitudes and behaviours won't change.

You don't need to be an expert to talk to someone about mental health. Being open and supportive is more important than the exact words you use. You might have noticed a change in how someone behaves and want to check in with them. Or you might not be feeling great yourself and want to share how you're feeling. It's okay to let someone know you've noticed that they don't quite seem themselves and ask if they would like to talk. It's okay to ask someone to chat to you about your mental health.

Confidentiality is important to most people – reassuring them that you won't be sharing the details of the conversation with others can help. But it's also essential to know and be upfront that sometimes keeping confidentiality isn't always possible – if someone is at immediate risk of harm, it's important to pass on information to ensure they are kept safe. This might be to 101, 999, or it might be to someone within your organisation if it's at work. If this instance arises at school, your school will have safeguarding processes in place and these should also be followed.

Here are four steps to consider...

1 Is now a good time?

Conversations may be face-to-face, on the phone or via text or email. Different things work for different people.

- **Time**
  Consider whether or not you are both able to take this on right now. Give people the space to consider whether they can.

- **What if it's not a good time?**
  It might not be a good a time to have the conversation but it's important that if you both can and want to, you identify a better time to chat. It may be that you can't have that conversation right now – you may not feel you are currently in the right headspace to talk to someone about how they are doing. Let them know you care but are unable to chat at the moment. You could help them to think of someone else they could talk to if they feel up to it.

- **Place**
  For some, it can be useful to find a quiet space with no distractions. Others may find it easier to talk while also doing some sort of activity like going for a walk or doing something creative. You can ask them where they'd like to have the conversation too.

- **Be mindful**
  It may be that someone needs the space to offload or vent; it could be that they're seeking some support. Whatever they need, it's important neither of you feel pressure to fix it or to have all of the answers.

2 How to begin

You've both decided it's a good time to have the conversation – sometimes it can be hard to know how to start.

Here are a few ideas:

- **It's okay**
  It's okay to ask how someone is and ask them more than once. It might be hard for them to open up about how they are feeling; asking twice shows the door is open.

- **Ways to ask if someone is okay**

  "How are you doing?"

  "How have you been feeling?"

  "I'm here if you want to chat."

  "How's everything going?"

- **Ways to let someone know you need to talk**

  "I'm not doing too well."

  "I need to talk."

  "It's not easy to talk about it."

  "I trust you."

  "Do you have some time to chat?"

3 Listening and responding

It can feel difficult to know the right things to say, but sometimes all someone needs is the space to be heard.

- **Listening without interruption**
  Try to really hear what they are saying about what they are going through. Try to allow someone the space to share how they're really feeling. You can show that you are listening through your body language.

- **Reflecting back and showing you care can help**
  For example, acknowledging that it seems like a difficult time for them. Sometimes we can try to make someone feel better by being overly positive, but that might not be helpful to everyone. You can respond using their words to show you are listening.

- **You might get emotional**
  Hearing what someone is experiencing may bring up a lot of different emotions as a listener. It's okay to feel these emotions but if you are able, try and judge whether showing them will be helpful to the other person.

- **Try not to minimise**
  Try not to minimise people's experience, or suggest things like 'everyone is feeling like this' or 'it could be worse'. You may say these types of things to try and make people feel like it's not that bad, with the intention of helping. But minimising people's experiences can make them feel like their issues aren't important, or worthy of sharing, which can make them worse as it can stop them from asking for help.
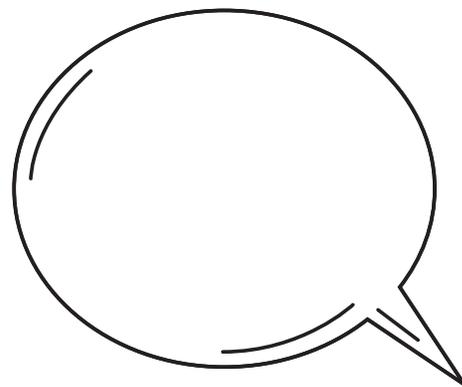
Responding

It's okay to allow yourself time to process what they are saying and take your time to respond after they've shared. This might mean there are periods of silence, and that's okay.

You might not know exactly what to say, but you can let them know you are genuinely interested in what they are telling you. You might find it helpful to ask some questions. Try to keep these open (not with a yes or no answer) to help them explore more about what's going on for them.

Sharing our own experience

Sometimes it can be useful to share your experience of your own mental health. Try to do this sensitively so it doesn't then become the focus of the conversation – offer if required in case it makes people feel like they aren't in it alone. It might be worthwhile to check if the other person would find it helpful to hear your experience before sharing.

4 How are you both doing now?

Sometimes one or both of you may need some more support. This could be looking for external help or some time to reflect on the conversation and how you feel.

What would be helpful?

Asking what someone might need or find helpful next is a good question to ask.

This might be about exploring support options together You don't need to have this information already – you can look for this together. It may be that the person needed the space to talk about what they are feeling and experiencing and don't need you to support with next steps.

If urgent help is needed

It may be that through the conversation you become concerned about the other person's wellbeing. You should follow your school's safeguarding procedures.

More information on support can also be found on the Samaritans website **here**.

Asking about suicide won't encourage someone to do it. If you feel that someone is at immediate risk call 999.

Reflecting

Take some time to check-in with yourself after the conversation. How are you feeling? How do you think it went? Do you need some support?

What do you do next time you see them?

At the end of the conversation, it might be helpful for the other person to know that the "door is open" to speak another time. Depending on the relationship you have with that person, you may want to organise another time to chat if that is helpful but there shouldn't be any pressure on either of you to do so.

The next time you see them, they may not want to talk about their mental health – be led by them.

See Me

End mental health discrimination

Thank you for taking the time to participate, reflect and learn about tackling mental health stigma and discrimination.

Together we can create the movement to end mental health stigma and discrimination. Contact **info@seemescotland.org** with any questions you may have, or to share your insights.

Additional resources and support can be found at

www.seemescotland.org

SAMH for Scotland's mental health

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