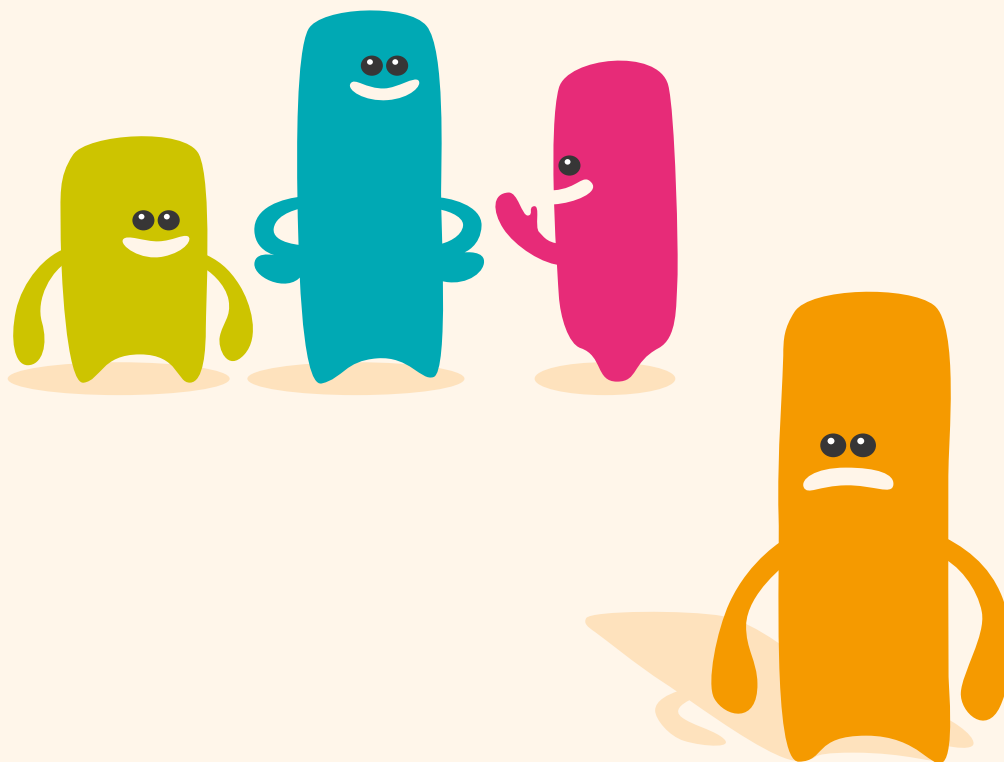


Mental health stigma and discrimination



Key learning points

- Stigma acts as a barrier to people seeking help for mental health problems and mental health conditions
- People's attitudes about mental health can be positively influenced by exposure to accurate information
- Like physical illnesses, mental health conditions are treatable and the sooner people receive proper treatment and support, the better the outcomes
- Getting help early increases the chances that a person will make a full recovery from mental health problems

Introduction

In order to be able to help support the development of successful learners and effective contributors, it is essential to underscore the importance of mental health and wellbeing as essential to fulfilling potential and achieving higher levels of attainment.

To deliver the resource materials confidently and consistently, young people and staff need a basic foundation in mental health stigma and discrimination. Issues to explore include predominant conditions, the impact of stigma, coping strategies and resilience, as well as the associated implications on a personal level.

People with mental health conditions have long experienced prejudice and discrimination. Public stigma is the most prominent form observed and studied, as it represents the prejudice and discrimination directed at a group by the larger population. Self-stigma occurs when people internalise these public attitudes and suffer numerous negative consequence. As a result approaches to tackling mental health stigma and discrimination must be multi-faceted to have a sustained and lasting impact.

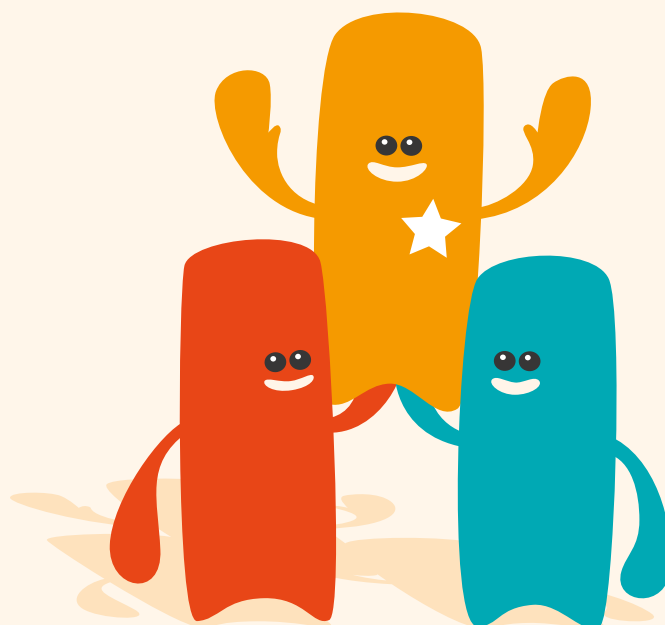
The impact of stigma

A key to challenging self-stigma is to promote personal empowerment on both an individual and societal level.

Stigma related to internal and subsequent behavioural processes can lead to social isolation, and additional negative stereotypes such as notions of dangerousness can be harmful to people living with mental health conditions. Emotional reactions drive discrimination and can contribute to having negative thoughts and feelings about a person

in a stigmatised group. Self-stigma presents as a series of stages: awareness, agreement with stigma, application of the stigma to themselves and finally harm to self (withdrawal/isolation). This can result in life limitation, worse recovery outcomes and a decreasing sense of self-worth for the individual. Conversely a belief in your ability to achieve what you set out to do and reach your potential, and 'coming out' about mental health problems are thought to be effective mechanisms in reducing self-stigma.

Empowering individuals is an effective way of reducing self-stigmatisation and encouraging people to believe they can achieve life goals; empowerment in a sense is the flip side of stigma. Research has demonstrated empowerment to be associated with high self-esteem, better quality of life and increased social support.



Ending mental health stigma

Addressing mental health stigma and discrimination with young people is only one step towards creating a lasting and sustained culture shift in our society. Stigma is a societal creation which can be described as prejudice and discrimination. Many people recognise stigma as unjust and make it their goal to change it; others may be unaware or unmotivated by the phenomenon altogether.

Strategies for improving help-seeking by children and young people should focus on improving mental health literacy, reducing stigma and taking into account the desire of young people for self-reliance.

Activity 6 - Wellbeing bingo

All individuals' experience of school and mental health are specific to them, with no two experiences being the same. Through this activity participants should start to develop their awareness that personal experiences are affected by issues such as family, staff and environment. This activity highlights the diversity in a group.

Aims

- To continue to develop communication skills through positive enquiry
- To encourage students to communicate with everyone within the group
- To demonstrate that we all have mental health and that a variety of factors impact on this

Step 1: Introduction

Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract.

Step 2: Completing the statements

The task is to search and find an individual in the group that can honestly complete the statements on the bingo sheet. The facilitator should encourage all participants to be respectful to others through the activity and read out all the bingo card squares.

- Each statement must be signed by only one person from the group
- The individual must sign their name against the statement that applies to them on the answer card
- Each statement must be signed by a different individual from the group
- You may sign your own sheet once
- Once your answer card is full shout 'bingo!' and the facilitator will check answers



Materials needed:

Bingo cards

Pens



Step 3: Review

This is an opportunity to get anecdotal information about experiences and start to consider positive/negative experiences and how these impact engagement with schools/peers.



- How did people find that?
- Was it difficult/easy? Why?
- Were there any similarities?
- Were you very different?
- What does that say about the priorities for young people?

Activity 6 - Wellbeing bingo worksheet

Junior card			
I have someone in my life that looks out of me and cares about me...	I have to get public transport to school...	I'm surprised by how much everyone has changed since primary school...	I have seen someone being bullied or picked on...
My community is really youth friendly...	I have lots of support...	My school is great when I have problems...	My school is easy to get to...
I have a pet...	I have a brother/sister...	I don't talk about my feelings...	Sometimes I feel people don't listen to me...
I have physical health...	I use social media to communicate with my friends...	I get grumpy when I don't feel well...	I have mental health...
I think some people judge others...	I have met someone with a mental health problem...	I would know where to get help with mental health problems...	I am open about my feelings...

Activity 6 - Wellbeing bingo worksheet

Senior card			
I have someone in my life that is really supportive...	I have to get public transport to school...	I'm surprised by how much everyone has changed in the past few years...	I have seen someone being discriminated against...
I feel welcome within my community...	I have lots of support...	I know where to get support within the school...	My school is easy to get to...
I have a pet...	I would be comfortable talking to school staff about my mental health...	I find it difficult communicating how I am feeling...	Sometimes I feel people don't listen to me...
I have physical health...	I use social media to communicate with my friends...	I am short-tempered when I feel unwell...	I have mental health...
I think some people judge others...	I have met someone with a mental health problem...	I would know where to get help with mental health problems...	I am open about my feelings...

Activity 7 - Understanding stigma

Many people with mental health conditions say that the stigma that surrounds mental health is harder to live with than the condition itself. Stigma results in discriminatory or negative behaviour and treatment towards people and the fear of stigma often prevents people from seeking help and treatment.

Stigma is frequently perpetuated through mistaken beliefs about mental health, and can be seen in people's attitudes, in public policy, in the media, etc. We can all work together to reduce stigma by providing accurate information about mental health conditions and their treatment.

Aims

- To demonstrate how stigma acts as a barrier to people seeking help for mental health problems and mental health conditions
- To show that people's attitudes about mental health can be positively influenced by exposure to accurate information
- To explore the meaning of the term stigma and the relationship between attitudes (beliefs) and discriminatory treatment (behaviour and actions)

Step 1: Defining stigma and discrimination

Stigma is about disrespect. It's the use of negative words to identify a person. It stops people from getting the help they need due to the fear of being discriminated against. **Discrimination** is the unfair treatment of one person or a group of people.

- Split the students up into groups and ask if they know what the word 'stigma' means and write this on a flipchart
- Bring the groups back together and lead the discussion of the definition of stigma, and the relationship between stigma, stereotyping and discrimination



Materials needed:

.....
Flipchart

.....
Pens

.....
Post-it notes



MODULE 2: MENTAL HEALTH STIGMA AND DISCRIMINATION

Here are some questions that will help you to guide the conversation. Encourage students to share language they have heard others using – they don't have to agree with the statements.

- What are some of the negative things you have heard about people with mental health conditions? (Responses may include: Violent; crazy)
- Why do you think people with mental health conditions are stigmatised? (Possible answers include: They are weird/different; people don't really know the facts)
- Can you think of any other health conditions or social issues that have been stigmatised throughout history? (Possible answers include: Homosexuality; HIV; divorce)
- What kinds of factors have contributed to changing public attitudes around some of these conditions or issues? (Possible answers include: Education; research; legislation)
- What do you think influences perceptions about mental health? (Possible answers include: The media – films, news, newspaper headlines and stories that associate people with violence)
- How do you think stigma affects the lives of people with mental health conditions? (Possible answers include: People decide not to get help and treatment even though they could benefit from it; it makes them unhappy; they may not be able to get a job or find housing)

Step 2: Review

- Are participants surprised how different issues have been stigmatised throughout history?
- Has this made participants think differently about any of the attitudes they have or language they use?



Activity 8 - Facts continuum

In this session young people will be able to explore and challenge their own and others' values and attitudes through the discussion of facts about mental health.

Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract. If there are physical constraints within the space where you are working it may be easier to adapt this session using another method for young people to express their view – such as with coloured paddles or whiteboards.

Aims

- To challenge the stigma that acts as a barrier to seeking help for mental health problems
- To positively influence individual attitudes through exposure to accurate information

Step 1: Expressing and challenging views

- The facilitator should put up the signs – 'agree', 'disagree' and 'unsure'
- The facilitator will read from a series of statements, e.g. 'People with mental health problems don't get better'
- Participants choose to publicly identify with the statement and stand by the sign that indicates their response – the facilitator should make it clear to the students that it's okay if they feel they don't know the correct answer
- Facilitator to generate discussion amongst the group if there are differences in where/how individuals stood/responded

Start the categories at a relatively low level of discomfort and increase according to the nature of the group. Participants should know this activity is not a lie-detector test – they choose to answer.



Materials needed:

Statements (facts)

Answers

Signs: 'agree', 'disagree' and 'unsure'

Statements



- 1. Diet, exercise and regular sleep patterns are all effective ways to support mental health and wellbeing.**
- 2. Anyone can experience a mental health problem.**
- 3. Stigma against people with a mental health condition is uncommon in Scotland.**
- 4. Distress can occur in someone who has a mental health condition.**
- 5. Many clinical depressions that develop in teenagers come out of the blue.**
- 6. Schizophrenia is a split personality.**
- 7. Suicide is the leading cause of death for males under 35 years old in Scotland.**
- 8. People with mental health problems don't get better.**
- 9. Young people self-harming are attention seeking.**
- 10. Everyone has the power to support a friend having difficulty with their mental health.**
- 11. Mental health conditions may affect 1 in 4 adults.**
- 12. Most people with panic disorder do not get well with treatment.**
- 13. A psychiatrist is a medical doctor who specialises in treating people who have a mental health conditions.**
- 14. Serotonin is a liver chemical that controls appetite.**
- 15. A delusion is defined as seeing something that is not real.**
- 16. Lack of pleasure, hopelessness and chronic tiredness can all be symptoms of a clinical depression.**

Facts continuum – Answers

- 1. Agree** – All of these can help support positive mental health and wellbeing
- 2. Agree** – We all have mental health and as such anyone could develop a mental health problem
- 3. Disagree** – Stigma is unfortunately very common, however lots of people are working towards changing this and we can all challenge stigma
- 4. Agree** – We can all experience stress and people can experience distress at different times. Distress is caused by a problem or event
- 5. Agree** – Anyone could develop a mental health condition, however help and support are available
- 6. Disagree** – People who have Schizophrenia experience delusions and hallucinations (psychotic symptoms)
- 7. Agree** – Many factors contribute towards this, including the stigma surrounding mental health which stops people accessing the help and support that is available
- 8. Disagree** – Most people who develop mental health problems can and do get better with support. People with enduring (long lasting) mental health conditions such as eating disorders are commonly referred to as being 'in recovery'
- 9. Disagree** – Many people self-harm as a coping mechanism to deal with distress. It is an injury that a person inflicts on themselves without the intent to die
- 10. Agree** – We can all help a friend by listening and supporting them to reach out to get support with a mental health difficulty including encouraging them to speak to an adult
- 11. Agree** – In Scotland 1 in 4 adults will be affected by a mental health condition
- 12. Disagree** – Panic Disorder can be effectively treated with psychological therapies or medications. A person with panic disorder has panic attacks, expects and fears the attacks and avoids going to places where escape may be difficult if a panic attack happens
- 13. Agree** – Psychiatrists are medical doctors who have had many years of additional training in psychiatric medicine
- 14. Disagree** - Serotonin is a chemical. It is a neurotransmitter that helps in regulating many different brain functions, including mood, anxiety and thinking
- 15. Disagree** – It is a disturbance of cognition where a person has fixed false beliefs that something has occurred or will occur
- 16. Agree** – If you are concerned about yourself or someone else you should talk to someone you trust to get help and support

Step 2: Review

- What was your experience with this activity?
- What was it like to see people having different opinions from you?
- Were there areas that made you feel uncomfortable?
- How did it feel to make a choice?
- Did you choose a certain response because you didn't want assumptions made?
- Were there things you wanted to say but you felt you couldn't?



Activity 9 - Health and wellbeing

Students become aware that being supportive towards someone with a mental health concern is no different from being supportive towards someone with a physical health issue.



Aims

- To provide an icebreaker that encourages students to participate in an open discussion
- To demonstrate that everyone has mental health
- To demonstrate that mental health like physical health can be effectively treated

Materials needed:

Flipchart

Pens

Post-it notes - two colours

Step 1: Part one

- Divide the class into 2/4 groups
- It's important to emphasise that there are no wrong answers in this activity
- This exercise is all about opening up a discussion
- Tell participants that they don't have to agree with or believe in the ideas or names they offer/say
- Give each group a piece of flip chart paper with one/two of four terms written at the top: **Physical health/Mental health/Physical illness/Mental illness**
- Give the groups five minutes to 'thought shower' all the words that come to mind when they see the term
- After five minutes, ask groups to tape their sheets up on a wall for all groups to see
- Ask one student from each group to read out their list for the whole class
- Ask students what they notice about the type of words used on each sheet
- Discuss the similarities and differences in student responses to mental and physical aspects of people's health
- Ask students to suggest some reasons for these differences
- Look at the differences in the words used, both positive and negative, and discuss the impact of them
- Here are some examples for each of the headings above:
Physical health – Healthy, Keeping fit, Eating correctly
Mental health – Mind, Psychology, Thoughts, Feelings
Physical illness – Sickness, Conditions, Diseases, Bed rest, Doctors
Mental illness – Sick mind, Psychologists, Bad thoughts, Hospital



Step 2: Review

Which has more positive and negative comments?
Why do you think this is?
What could change this?
Did anything surprise you about this activity?



Step 3: Part two

- Allow the participants time to watch the Advice for Young People video
- Hand out post-its to the students and ask them to write down a message of support for someone with a physical health problem/concern (e.g. Diabetes, Asthma) and jot down some ideas of things they can do to help. Give them 5 minutes to do this.
- Hand out post-its to the students and ask them to write down a message of support for someone with a mental health problem/concern (e.g. Depression, Anxiety) and jot down some ideas of things they can do to help. Give them 5 minutes to do this.
- Once they have finished ask each student to read out their messages



Step 4: Review

Are the messages of support similar?
Are the types of support you could offer similar?
Did anything surprise you about this?



Activity 10 - Zombie apocalypse

This activity is designed to challenge students' preconceptions of mental health and areas of intersectionality (e.g. age, gender, sexuality) in a controlled environment through role play.



Before starting the activity the facilitator should consider potential triggers and issues that may come up and whether it is appropriate for all participants to take part – revisit the group contract and enable participants to opt out if they feel it is necessary. The facilitator should also ensure that the signposting info in this pack is made available to all participants after the activity.

Any participants who choose not to take part can assume the role of an 'observer' and consider any learning points for the group.

This activity can be run alternatively as a paper exercise for quieter groups who may be uncomfortable taking part in role play. There are 12 characters; in a classroom situation the students could be split into two groups running the activity simultaneously or for younger groups the students can team up into pairs or threes with each taking a character between them.

Aims

To understand that:

- Everyone has mental health and can experience distress regardless of whether or not they have mental health problems/conditions
- Everyone is unique
- We all have factors that influence how we think and feel about ourselves
- Mental health conditions like physical health conditions can be effectively treated

Materials needed:

Character cards - two sets
(Available in appendix)

Step 1: Introduction

- Let the group read the brief...

Brief:

A zombie apocalypse has happened in Scotland. The government and emergency services no longer exist. Young people were identified as a priority group to be taken to a 'safe zone' on the Isle of Skye. However the bus you were traveling on has broken down just north of Fort William.

In 25 minutes a huge herd of zombies is due to pass your location. You and your group have found a shelter that will protect some of you from the herd. It also has medical supplies, fresh water and food. Unfortunately after closer inspection, the shelter only has room for 6 people. This means that only 6 people can survive and continue on to the 'safe zone' once the herd has passed.

...and then hand out the first set of character details (one card per person). It is up to the facilitator, which individual will get which character description.

- The group now has 25 minutes to decide amongst themselves who is to stay and who is to leave the shelter. This could be purely discussion based within the group or the facilitator could choose to get the participants to role play the character they have the card for.
- After the group has made its decision (or 15 minutes is up), give each person their second character description. The group then has 10 more minutes to make their final decision on who should stay in the shelter.

Note: If the participants struggle to complete the task with 5 minutes remaining, the facilitator can introduce the suggestion of removing the supplies from the shelter. This will provide space for 4 more people in the shelter.

Step 2: Review

- Now ask the group to discuss how they came to the final decision. Did they change their choices? Yes/No – Why?
- How does this scenario reflect real life situations?
 - Stigma/discrimination/stereotyping/making assumptions based upon what people look like, how they speak, where they come from and what they do.
- Is there anything else you can learn/take away from this activity?



Activity 11 - Fact versus fiction

Often the way we react to a situation is based on our personal interpretation of the events. We can't change facts but we can change our interpretations of stories, to be more positive and support us to act in a way that's less stigmatising. Think back to the iceberg theory.

Aims

- To explore the difference between facts and interpretations and to understand the impact interpretations have on the decisions that people make
- To consider how a common language could be used to challenge mental health stigma and discrimination and help young people speak out



Materials needed:

.....
Flipchart

.....
Pens

Step 1: Part one introduction

The facilitator should demonstrate (role play) one of the examples below as a tableau (a single/group of models or motionless figures representing a scene from a story or from history) or if more appropriate distribute the flash cards of tableaus.



Example one: *Head in hands: e.g. crying, migraine, lost somebody close, disengaged.*

Facilitator/participant to suddenly sit with their elbows on their knees with their face covered, resting in their hands.

Example two: *Two People and a Bag: e.g. It's a theft A stole B's bag, B is going to beat up A...*

The facilitator stands one foot in front of the other carrying a bag and looking back anxiously. The participant stands five paces or so behind, one foot in front of the other but wider apart and the arms up as if running.

Ask the group what they see and record all the answers on a flipchart:

- After you have a full flipchart of responses circle any that are fact and ask again, what can you actually see? What are the facts?
- Circle all the suggestions that are facts and ask the group if those are facts then what are the rest of the words?
Answer: Assumptions, stories or interpretations.
- What were most easy to come up with, facts or interpretations?
 - Interpretation = anything that can be disputed.

Step 2: Review

What are conflicts most likely to be caused by?
Can you think of anything you will take away from this to deal with situations differently in the future?



Interpretations aren't bad – we all interpret things to make sense of the world around us and keep ourselves safe. However, if we separate the fact from the story or interpretation it opens up the possibility of clear communication.

Step 3: Part two introduction

Facilitator to ask participants to reflect on their experiences in education and come up with an example when they've acted on interpretations or stories rather than facts or times they have had this happen to them. Reference could be made to the use of written communication, such as texts on social media, how they don't convey tone and are often misinterpreted by others.



Ask the participants to get into pairs – Person A and Person B

- Person A is to tell Person B about a time that they/ someone acted on their interpretations and they were less than happy with the outcome. Person B listens without interrupting (2 minutes)
- After two minutes Person B gets to summarise back and ends by asking what they would have rather had happen (1 minute)
- Person A and B then swap roles and repeat the process

F.I.D.O example

Fact (What actually happened)	Another student pushed past me
Fiction (Interpretation) (The story you told yourself)	She's rude, I should tell her she's out of order
Decision (What you did based on your interpretation)	I felt annoyed and so mumbled "stupid cow" under my breath
Outcome (The consequences of your decision)	She looked scared, I felt embarrassed as others were watching

Ask participants to come up with different interpretations, which may result in a different decision and therefore a different outcome. E.g.

Fact (What actually happened)	Another student pushed past me
Fiction (Interpretation) (The story you told yourself)	She didn't see me – she's in a hurry for something or upset
Decision (What you did based on your interpretation)	I asked if she was okay, and said it was fine for her to go before me
Outcome (The consequences of your decision)	She had some choice, I felt less embarrassed and more empowered

Step 4: Review

- How was it to have someone listen to your F.I.D.O. scenario and feedback?
- What are the benefits of separating out the Facts of what happens from our Interpretation?
- What can it create for us in challenging situations?
- How could this idea be used to end mental health stigma and discrimination?
- Could you change the decisions you make by being aware of how interpretations affect them?



Activity 12 - Rights survey

Rights are essential to ensuring that everyone has equal opportunity and the chance to succeed in life free from discrimination. Children's rights are a list of promises to children and young people to keep them safe. They are used to make sure you are treated fairly and looked after properly.

Aims

- To get students to explore human rights on a personal level
- To give students an understanding of the fundamental importance and value of human rights
- To explore mental health in a rights-based context

Step 1: Introduction

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948. It sets out, for the first time, fundamental human rights to be universally protected. When something is a 'right', it means that nobody can take it away from you. It is yours, and is meant to protect you and help you have a good life.

- Now take the time to read the wider context in Scotland information to the participants
- Facilitator to discuss background and context of rights with participants



Materials needed:

Rights worksheets



Step 2: My rights

- Facilitator to discuss background and context of rights with participants
- Give each participant a copy of the human rights worksheet
- Scenario – Participants have been given a list of some basic human rights. Due to new legislation everyone is about to lose six rights. Before any decisions are made about which rights these will be, the government is carrying out research to find out which rights are most important to people and what impact losing these might have on their lives
- Read out the 'rights' to participants and explain any points if needed
- Instruct participants to choose six rights that they would definitely not want to lose
- Now ask participants to consider: How might your life be affected over the next three years if you lose these rights? Write down some of the changes that might happen to you and in your life
- You can additionally tally the participants' top answers to generate discussion and debate. Was there a general consensus on what rights were more important? What would it feel like to live in a world where you only had the six rights you chose?



Step 3: Review and discussion

Was it harder to give up rights than you thought it would be?

Which right was it harder to give up?

Further information on children's rights can be found at Children and Young People's Commissioner Scotland www.cypcs.org.uk This site is for children and young people in Scotland, their parents and the adults who work with them. Rights for Life (rightsforlife.org) is a statement of the rights that people affected by mental health conditions in Scotland are calling for.



Wider context in Scotland

Women's rights and suffragettes: Traditionally, prior to World War I, women were kept out of public life, and the roles of married women were confined to the domestic sphere. Suffragists simply wanted votes for women on the same terms as men. Much change in Scotland came about through the war effort: women could prove their worth by joining the Women's Land Army or Voluntary Aid Detachments.

In 1915 landlords increased rents around the shipyards and munitions plants. The Govan and Partick women organised resistance and as a result of the 'women's fight', the Rent Restriction Act froze rents. Women had at last broken a social barrier.

By 1918 the Representation of the People Act changed the voting system. Women over 30 and men over 21 were given the vote, and women were for the first time allowed to stand for Parliament. Many counties reduced their voting ages to 18 during the 1970s, starting with the United Kingdom with the Representation of the People Act 1969.

Votes at 16: Scottish Parliament voted unanimously on 27 October 2007 for a policy of reducing the voting age to 16, as well as in favour of a campaign for the necessary power to be devolved to the Scottish Parliament. The voting age in Scotland has been lowered to include 16- and 17-year-olds after new electoral powers were introduced for the Scottish Parliament. Scottish ministers were given powers to set a separate voting age and franchise for elections to Holyrood and for Scotland's 32 local authorities.

LGBT rights in Scotland: Lesbian, gay, bisexual, transgender (LGBT) rights in Scotland are generally regarded one of the most progressive in Europe. In 2015, Scotland was recognised as the 'best country in Europe for LGBTI legal equality'.

Previously however Section 28 an amendment of the Local Government Act 1988 enacted on 24 May 1988, stated that a local authority "shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality" or "promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship". It was repealed on

21 June 2000 in Scotland as one of the first pieces of legislation enacted by the new Scottish Parliament.

Same-sex sexual activity has been legal in Scotland since 1980 and the age of consent has been equal to that for opposite-sex activity since 2001. Same-sex marriage was approved by Scottish Parliament in February 2014 with civil partnerships having been legal since 2005. Same-sex couples have also been granted joint and step adoption since 2009 and discrimination on the basis of sexual orientation and gender identity have been banned since 2005.

Children's rights: The United Nations Convention on the Rights of the Child (commonly abbreviated UNCRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen.

Nations that ratify this convention are bound to it by international law. Compliance is monitored by the UN Committee on the Rights of the Child, which is composed of members from countries around the world. The UN General Assembly adopted the Convention on 20 November 1989 (the 30th anniversary of its Declaration of the Rights of the Child). It came into force on 2 September 1990, after it was ratified by the required number of nations. Currently, 196 countries are party to it, including every member of the United Nations except the United States.

Activity 12 - Rights worksheet

You have been given a list of some basic human rights. Due to new legislation everyone is about to lose six rights. Before any decisions are made about which rights these will be, the government is carrying out research to find out which rights are most important to people and what impact losing these might have on their lives.

Rights: The right to...			
Give my permission before people do things for me	Have a drink with a friend	Go to bed whenever I want to	Read whatever I want when I want provided it is legal
Look for a job	An education	Go to a night class	Have a consensual relationship
Have a private life	Use public transport	Have children	Do my own shopping
Choose where to live	Choose my own clothes	Be listened to	Be included in medical decisions that affect me
Legal redress when I experience discrimination	Make my own decisions about who and if I marry	Express my opinion and have it valued	Be on my own when I want
Say YES and NO whenever I want to	Make decisions regarding my own welfare	Make decisions regarding my family and children's welfare	

Section 1:

From the table choose six rights that you definitely would not want to lose and list them here:

1.
2.
3.
4.
5.
6.

Section 2:

Consider how your life might be affected over the next three years if you lose these rights. Write down some of the changes that might happen to you and in your life.

.....

.....

.....

MODULE 2: MENTAL HEALTH STIGMA AND DISCRIMINATION

Activity 13 - Discussion groups

Stigma frequently acts as a barrier to people seeking help for mental health problems and mental health conditions. By providing factual information about these conditions participants can be supported to positively challenge negative and inaccurate attitudes about mental health.

Aims

- To provide information about common mental health conditions
- To have participants learn about these conditions and share their learning with others

Step 1: Introduction

Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract.

Encourage participants to share language they have heard others using – they don't have to agree with the statements.

Step 2: Research

- Explain to participants that they will work in small groups and will research one mental health condition using the factsheets provided in the appendix
 - Depression
 - Anxiety
 - OCD
 - Psychosis
 - Self-harm
 - Bipolar Disorder
 - Suicide
 - Panic Disorders
 - Personality Disorders
 - Eating Disorders
- Give a group a factsheet area and a few minutes to read this. When they have finished reviewing, ask each group to discuss together the mental health condition they have
- Give each group a sheet of paper, read out the worksheet example and questions, asking participants to write the questions down and answer them within the group



Materials needed:

Factsheets and
worksheets



Step 3: Review

- Now ask a participant from each group to feed back what they feel are the three most important facts about that condition
- Were participants surprised by anything they found out?
- Will this knowledge change how participants view mental health conditions?



Activity 13 - Discussion group worksheet

Example:

Diagnosis: Depression

Associated stigma: People choose to be depressed, they need to 'snap out' of it, they are just lazy, they are trying to get attention.

Reason for stigma? It is often portrayed as a phase that people grow out of and it is frequently dramatised in TV shows as something trivial or 'teen angst' and so it is often dismissed e.g. 'young people don't have anything to be depressed about'.

What is it really? People do not choose to be depressed. Depression is developed over time and requires appropriate treatment to deal with the psychiatric symptoms and underlying issues. Depression is a term used to describe a state of low mood. Clinical Depression is a mental health condition. This can be confusing because people may often feel depressed but will not have Clinical Depression. People with Clinical Depression could feel sad or irritable and also experience lack of interest, a sense of hopelessness, sleep problems and loss of appetite, which can all have a negative impact on a person's life.

Diagnosis:

Associated stigma:

Reason for stigma?

What is it really?

MODULE 2: MENTAL HEALTH STIGMA AND DISCRIMINATION

Activity 14 - Coping, resilience and managing stress

The different situations you will be experiencing throughout your life may cause you worry, anxiety or stress. This is due to you experiencing new and different situations that challenge you mentally and physically. These helpful points will enable you to deal with stressful situations.

Aims

- To help enable participants to recognise and deal with stressful situations

Step 1: Introduction

Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract. Make it clear to the participants that everyone copes differently with stress and as such everyone will have their own way of dealing with things.

Step 2: Managing stress

- Facilitator to discuss background and context of stress using the information provided
- Do participants know what stress, coping and resilience are? Use the definitions provided to direct discussion
- Give each participant a copy of the participant worksheet. This can be discussed in pairs or small groups.
- Instruct participants to complete the participant worksheet – they can keep the worksheet

Step 3: Review

- Ask participants how they found the activity?
- Why do they think it's important?
- Were they surprised by anything?
- Will participants try to use these in future?



Materials needed:

Participant worksheets



Stress defined – Physiological or biological stress is our response to a stressor such as an environmental condition. Stress is a body's method of reacting to a challenge. Stress typically describes a negative condition or a positive condition that can have an impact on a person's mental and physical well-being.

Coping defined – Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimise or tolerate stress or conflict. The effectiveness of the coping efforts depends on the type of stress and/or conflict, the particular individual, and the circumstances. Positive coping strategies include spending time with friends, doing exercise, keeping a diary and talking about your problems. Negative coping strategies can cause you harm and include things like drugs, alcohol and hurting yourself.

Resilience defined – Resilience is defined as an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, bullying, problems at school or workplace and financial worries, among others. Resilience is not a rare ability; in reality, it is found in the average individual and it can be learned and developed by virtually anyone. Resilience should be considered a process, rather than a trait to be obtained.

Why is relaxation helpful?

When we are stressed, the muscles in our bodies tense up and this muscular tension causes uncomfortable bodily feelings, such as headache, backache, tight chest and so on. These aches and pains of tension can cause mental worry, making us even more anxious and tense. People who are tense often feel tired. Relaxing slows down the systems in the body that speed up when we get anxious. If we can learn to turn on the bodily symptoms of relaxation we can turn off the symptoms of tension. They are two sides of the same coin: You can't experience feelings of relaxation and tension at the same time.

Everyday life

The ability to relax is not always something that comes naturally; it is a skill that has to be learnt like playing the piano.

- Stop rushing around – you achieve more by doing things calmly
- Give yourself short breaks – relax, stretch, go for a walk
- Adopt a relaxed posture. Deliberately relax if you notice yourself tensing up. Drop your shoulders, sit back in your chair, and unclench your fists.

When experiencing stress

- Do not withdraw from social support
- Keep communicating – ventilate your feelings
- Keep areas and times for relaxation
- Do not expect too much of yourself
- Do not feel that you have to live up to others' expectations of you
- Think twice about how important tasks are. Try saying 'No'
- Break your goals into manageable proportions
- Think positively about your abilities

Stress release exercises

Hands and arms – Clench your fists, and tense your arms; feel tightness in your hands and arms, hold for 5 seconds then slowly relax them. Release and relax each muscle group for 10 to 15 seconds. See how far they will go, but do not push. Do not hold on at all; let everything go.

Breath – Slow and steady, let yourself relax each time you breathe out.

Shoulders – Hunch your shoulders, and then gradually let them settle down

Forehead – Pull your eyebrows together, then gradually let your forehead smooth out.

Jaw – Bite your back teeth together, then gradually ease off, and let your jaw get heavy.

Neck – Pull your chin forward on to your chest, feel tightness, then relax.

Tummy – Pull in your tummy tight, then gradually let it go, feeling it relax.

Thighs – Push your heels down hard against the floor, feeling the tightness in your thighs, and then gradually let that go.

Calves – Point your toes, then gradually let that tightness go.

Activity 14 - Coping, resilience and managing stress worksheet

When in stressful situations the following exercise may help you to deal with confusing or upsetting conditions. Most people are not mind readers, and so if you are upset about how someone/a situation is acting/progressing, you need to remember that. For example remember a time in your life when you got into a fight/argument with someone, and it was all a misunderstanding, or because you had different points of view.

Is this such a problem? Do people around the world all have to think the same? Of course not! So why do so many arguments happen? Normally because of communication breakdowns. It helps a great deal in a situation when you know what someone else is feeling, or where they are coming from.

Use the following technique to help when a strained situation arises.

Stress management

How I normally deal with 'stress' can include (circle the ones you do):		
Shouting	Fighting	Going away from the situation
Taking time out	Arguing	Listening
Swearing	Listening to music	Getting more people involved

Try and answer the following questions:

When I am stressed it feels like..

I can tell when I am getting stressed because..

I normally handle stressful situations by..

How can I tell when a situation is becoming stressful?

How can I better deal with 'stressful' situations?

I cope by..

I get support from..

MODULE 2: MENTAL HEALTH STIGMA AND DISCRIMINATION

Responding to difficult situations:

Take these steps, to explain to the person what's going on in your head, and see if it makes the situation different:

When you...
(Whatever they have just done/said)

I feel...
(Whatever you have felt about what has happened)

And I think that..
(Whatever you thought was going on/happening/going to happen)

And in the future, what I would like to happen is...
(Let them know what you would like to happen)

This technique, can be used, and applied in different situations in all areas of your life. It's good to learn, and practice at different times.

Activity 15 - Help and support

Young people have wide and varied experiences and some experiences require support. However, some people may have difficulties in identifying where to go and/or lack the confidence to access help.

You will find a list of good sources to signpost participants onto toward the end of this pack; all of these have been highlighted by young people as good sources of support or information.

Aims

- To consider personal coping strategies
- To explore some of the issues faced by young people
- To consider the services that can be accessed to get help and support
- To affirm to young people that it is okay to seek help

Step 1: Introduction

- Remember and remind participants about the group contract and staying safe
- Split the participants up into smaller groups for discussion
- Facilitator to read aloud and ask participants to consider the following scenarios
 - Taking a big exam
 - Dealing with family breakdown
 - Dealing with the death of someone close
- How would students cope in these situations?
- Could they cope alone or would they ultimately need help?

Step 2: Who can help

The situation cards reflect the reality of what is happening in the lives of many young people but some may evoke strong reactions. It is therefore important to choose those which are age appropriate to the group and consider potential triggers. Remember how embarrassing it can be to talk about difficult issues no matter what age you are and help the young people develop empathic responses.

- Divide participants into small groups (no more than 6)
- Give each group a set of situation cards and where to get help cards and ask them to place the situation cards face down on the floor



Materials needed:

Situation and help cards
(Available in appendix)



MODULE 2: MENTAL HEALTH STIGMA AND DISCRIMINATION

- Ask participants to spread the where to get help cards in a circle
- Ask participants one at a time to choose a situation card and decide if they were in the situation which source they would use from the where to get help cards, if any
- Ask participants to try and get group consensus about their choice of source – would all group members use that source?
- When they have agreed on a source ask them to place their where to get help card on that source, facing into the middle of the circle. If they cannot find a source they would use they must place the situation card outside the circle
- When all the groups have completed the task ask them to move around the room and examine each other's work. Ask them to compare similarities and differences in where they have placed the situation cards

Step 3: Review

- Why did they choose one source rather than another? How would they access/find the source?
- What issues would they be concerned about most? Ask them to focus on the cards outside the circle and consider what support and help these young people might need. What helps young people to use support and health services?



Activity 16 - Showing support and tracking issues

This activity is designed to enable students to reflect on the previous activities and express support for someone experiencing distress or concerns about their mental health.

Young people often find it difficult to raise concerns and issues in front of their peer group. These activities allow participants to reflect on what they have learnt throughout the pack and action areas for change and development.

Aims

- To enable participants to openly consider and articulate what support they could provide
- To allow participants to anonymously address areas of mental health stigma and discrimination they see
- To enable the participants to actively consider ways that mental health stigma and discrimination could be tackled
- To enable adults to track issues and areas of concern

Step 1: Part 1 – Showing support

- Come up with a sample statement that reflects a mental health issue (or use one of the sample statements provided below)
- Write the statement on a large strip of paper and stick it to a blank wall
- Make participants aware of the wall and provide them with a 'brick' (post-it note) each
- Ask participants to work together or alone and come up with one or more comments to support the statement on the wall; they should write these on their 'brick' and stick it to the wall or hand it in to be put up
- Collect the comments (bricks) and attach them on the wall under the sample statement or if already displayed take a photo and share your wall of support with See Me
- This activity can be repeated with different statements or age groups



Materials needed:

-
Post-it notes or
alternatively an
email address
.....
- Blank wall
.....
- Issue box (box with a slot
for issue cards)
.....



Sample statements:

- I don't know who to talk to about how I'm feeling
- I don't tell my friends everything, I worry what they will think of me
- It feels like there is no point and nobody understands me
- I feel like I can't cope

Step 2: Tracking issues

- Facilitator to distribute 'issue boxes' in key areas e.g. where young people are aware of them and in open areas
- Facilitator to give out 'issue' cards to participants
- Ask participants to consider what they have learnt throughout the activities and inform them about the 'issue boxes'
- Let students put their 'issues' in the 'See Me' box. This way issues can be tracked and addressed
- Collect these at regular intervals and compile to track issues or areas of concern
- This activity can be repeated several times across a year. Key times would be those that are particularly stressful for young people e.g. prior to exams





Please make sure that you have completed an evaluation consent form before filling in this form.

.....
School/Organisation:

Year group:

Gender: Male Female Other Prefer not to say

1. Please rate your agreement with each of the following statements:

As a result of taking part in the What's On Your Mind activities...

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Don't know
I have a better understanding of mental health conditions						
I learned about what mental health stigma and discrimination is						
I have a better understanding of the effect that mental health stigma and discrimination can have on someone						
I feel more confident that I would recognise mental health stigma and discrimination if I witnessed or experienced it						
I feel more confident that I could challenge or stop mental health stigma and discrimination if I witnessed or experienced it						

2. As a result of taking part in the What's On Your Mind activities...

I learned something new about mental health

Yes		No	
------------	--	-----------	--

If yes, please tell us what you learned that was new:

.....



3. Please rate your agreement with each of the following statements:

As a result of taking part in the What's On Your Mind activities...

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Don't know
I would ask for help if I thought I was struggling because of my mental health						
I know who I could talk to if I was worried about my mental health						
I learned something new about looking after my own mental health						

If you learned something new about looking after your own mental health, please tell us what:

.....

.....

.....

.....

.....

4. Please rate your agreement with each of the following statements:

While taking part in What's On Your Mind activities...

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Don't know
I felt safe talking about my thoughts and feelings						
I felt listened to by adults						
I felt listened to by my classmates						
I felt able to participate and contribute						
I felt included						
I felt supported by my classmates						
I felt supported by adults						

