

**ROCKET
SCIENCE**

See Me Programme Independent Review

September 2025



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Executive summary

Background

See Me is Scotland's national programme to tackle mental health stigma and discrimination. It was established in 2002 and has adapted over time from largely a social marketing campaign targeted at challenging attitudes, to a multi-layered programme focused on behaviour change. See Me is currently delivering its strategy for 2021-2026, 'With Fairness in Mind', which aims to increase learning through gathering, applying, and testing evidence of what works to change attitudes, behaviours, and cultures¹. The programme is funded by the Scottish Government (£1 million per annum) and managed by Scottish Action for Mental Health (SAMH) and the Mental Health Foundation (MHF).

In January 2025, SAMH and MHF commissioned an independent review to understand the impact of the See Me programme during this current delivery period. Rocket Science was appointed to undertake this review between March and July 2025. The aims of the review were to: assess the impact across the system; gauge progress on the six medium-term outcomes set out in the current strategy; understand what has and has not been working well; provide an overview of the wider delivery context; examine what national evidence/data is available; and make recommendations for the future development of anti-stigma and discrimination work in Scotland.

We undertook a desk review to examine national data and evidence sources, learn from the See Me impact and monitoring reports and other key publications, and review other documents that might provide insights about the broader delivery context. We ran an online stakeholder survey in March 2025 to obtain a high-level assessment of the impacts of the programme, receiving responses from 71 stakeholders. We undertook qualitative research in May 2025 with a total of 55 people with different types of involvement with the programme to learn from their views and experiences.

Findings

The programme's impact and monitoring reports detail the large amount of diverse work that See Me has delivered so far during this current delivery period; involving people with lived experience and using its campaigns and resources to facilitate awareness raising and action across a wide range of communities, groups, settings, and sectors. In addition, the reports detail how See Me has supported evidence developments and influenced policy, in particular, developing the 2022 Scottish Mental Illness Stigma Study (SMISS) and using the findings to influence national policy.

¹ With Fairness in Mind, *See Me*, (2021). [Link](#)

The large majority of survey respondents agreed that See Me influences change in *behaviours* (80%), *cultures* (77%), and *systems* (73%) so that people with experience with mental health problems are respected, valued and empowered. Survey respondents were less sure about societal change overall with less than half (48%) agreeing with the statement that 'there has been a reduction in mental health stigma and discrimination in Scotland over the last four years'. There is a lack of national data and evidence to track and understand progress on anti-stigma and discrimination. This absence of data means that it is not possible to fully assess how the agenda is progressing on a national scale. In addition, the complex and system wide nature of this agenda means it is difficult to separate out the impact of See Me from other factors, including actions by other programmes and organisations, and the impacts of broader factors, such as financial and system pressures and shifts in political and cultural attitudes.

The stakeholder survey respondents had high levels of agreement that people are increasingly talking about their mental health more *openly* (83%) and more *often* (83%), and increasingly sharing their experiences about their mental health with others (83%) and seeking more help and support (74%). Qualitative research participants commonly reflected that progress is being made in people talking about mental health and stigma discrimination. However, there were concerns that this general positive trend is not experienced by people with severe and enduring mental health conditions, as highlighted by the SMISS study.

Overall, participants were highly positive about the collaborative approach and the quality and impact of the See Me programme. Participants highly valued the programme's strong brand and the high-quality **campaigns, training and resources** which help to promote conversations about mental health and facilitate change across communities, workplaces, and sectors. The See Me team are internationally recognised experts on this agenda and are reported to provide leadership and support to others progressing this agenda. See Me was also praised for developing the SMISS study and for **influencing national policy**. Some participants advised they would welcome greater clarity about the programme's aims, priorities, and outcomes. Some also suggested that there is further potential for partnership working, as well as sharing and promoting good practice.

Lived experience volunteers stated they feel valued and supported by See Me, reporting positive impacts for themselves, others, and the wider agenda (for example, through enlisting broader support and raising awareness via the media). Participants praised the programme's intersectional approach and the engagement and effective collaboration with a diverse range of **community and priority groups**; as well as their support of the arts to enable people and communities to share their experiences. Some participants from community and priority groups advised they would welcome even further collaboration, but also acknowledged that the programme is stretched in many directions.

People working in the settings supported by See Me reported that the programme had a significant impact in enabling their organisations to progress work on addressing mental health stigma and discrimination. Participants noted the programme's impactful work across the **education sector** highlighting the way in which students and staff were empowered to use the

programme's resources to lead change in schools. See Me's support for **employers** and some **local place-based programmes** is reported to have made significant differences for those they have worked with. Some participants also called for further development of the anti-stigma agenda across more settings and sectors. It was suggested by some participants that See Me could build on its good work to date to have further impact at scale, across systems and nationally. Some participants called for a priority focus on people with mental illness and people with mental health and substance use co-morbidities. In addition, some participants highlighted health and justice as important priority sectors for future work.

Conclusion and recommendations

See Me is having a wide range of impacts across the whole system (individuals and relationships, communities and groups, organisations and sectors, policy, and society), and driving progress on the six medium-term outcomes set out in the current strategy. See Me has a strong reputation and track record, with people and organisations highly valuing the programme's training, resources, collaboration, and leadership. During this delivery period See Me has progressed a wide range of impactful work with individuals, communities and groups, settings, organisations and sectors, local partnerships, and policy leads. There are opportunities to build on this and further develop the agenda going forward.

We have eight key recommendations for the future development of anti-stigma and discrimination work:

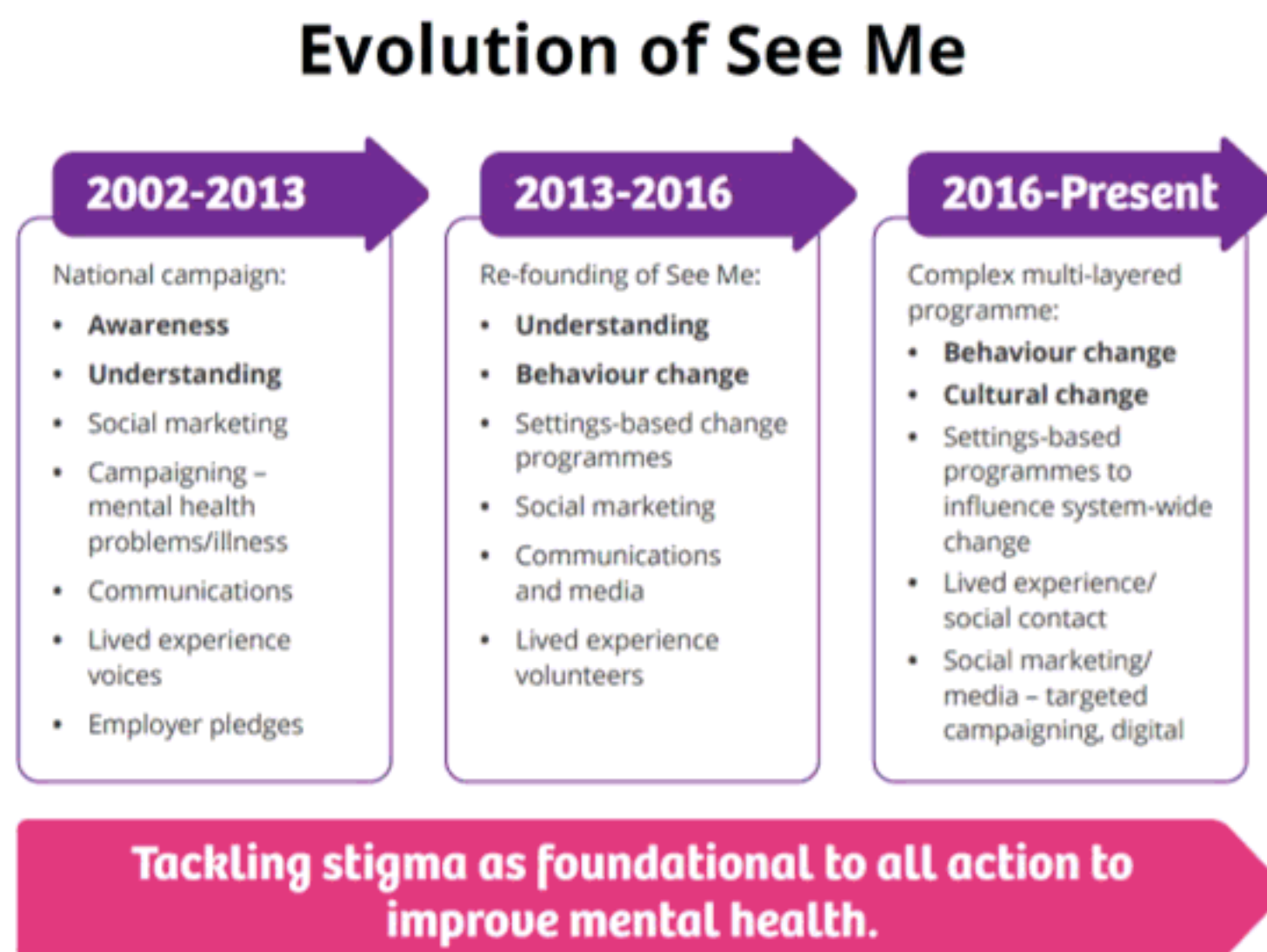
- 1. Continue the mental health anti-stigma and discrimination agenda in Scotland.**
- 2. Continue the See Me programme, with a review of funding and governance arrangements.**
- 3. Continue to work with experts by experience and profession.**
- 4. Continue to progress a whole system and intersectional approach.**
- 5. Foster a collective, national agenda and partnership approach.**
- 6. Clearly communicate the aims, priorities, and desired outcomes of the See Me programme.**
- 7. Collate, share, and spread best practice.**
- 8. Develop national data and evidence to better understand progress on the agenda.**

1. Introduction

1.1 Background to See Me

See Me is Scotland's national programme to tackle mental health stigma and discrimination. It was originally established in 2002 to challenge attitudes around mental illness in Scotland. It has adapted over time (see Figure 1 below) from largely being a social marketing campaign targeted at challenging attitudes, to a multi-layered programme focused on behaviour change.

Figure 1: Evolution of the See Me Programme since its establishment



See Me aims to equip individuals, communities, practitioners and organisations with the necessary language, skills, and tools to talk about mental health, access support, and take action to tackle stigma and discrimination. The current focus and approach of See Me is set out in the programme's strategy for 2021-2026, 'With Fairness in Mind'². This strategy focuses on achieving impact and change to tackle deep rooted stigma and discrimination that directly affects people who experience mental health problems in Scotland today, whilst aiming to make Scotland a global leader in anti-stigma activity. This strategy aims to increase learning through gathering, applying, and testing evidence of what works to change attitudes, behaviours, and cultures to end mental health stigma and discrimination. See Me seeks to address the following different types of stigma:

² With Fairness in Mind, *See Me*, (2021). [Link](#)

- **Public stigma or social stigma:** the negative thoughts and beliefs often held by society (the general public) that motivate individuals to fear, reject, avoid and discriminate against people with mental ill health.
- **Structural stigma:** the structures and systems, built into our institutions and funding models, that constrain the opportunities, resources and wellbeing associated with mental health. This negatively impacts people with mental ill health directly (e.g., not being employed) and indirectly (e.g., lack of funding into mental health research).
- **Self stigma:** the negative beliefs that people hold about themselves because of their mental health problems/mental ill health. This is informed by stereotypes that exist around mental illness and/or direct experiences of stigma and can lead to self-limiting behaviour which is detrimental to their health and wellbeing.
- **Stigma by association:** the stigma experienced by people because of their proximity to those with mental ill health. This could include family, friends, carers, or those within the mental health care profession.
- **Intersectional stigma:** how multiple forms of stigma mutually shape the experiences and opportunities of people and groups who are marginalised, and create distinct disadvantages, which cannot be understood in isolation from one another (e.g., how mental illness stigma interrelates with experiences of racism, homophobia, sexism, and poverty).

The phases of development and delivery of See Me have reflected the changing context and evidence base for tackling mental health stigma and discrimination since its inception in 2002. Over this time there has been an increase in public awareness and discussion of mental health. This has resulted in some reduction in stigma, with more people being open about their mental health and in some instances accessing support (largely among the majority white population and for people with mild to moderate mental health problems, such as depression and anxiety). However, there is limited data about the experiences of people from marginalised communities. The 2022 Scottish Mental Illness Stigma Study (SMISS), developed and commissioned by See Me, revealed that people with long-term and enduring mental health problems have continued to experience profound stigma and discrimination³.

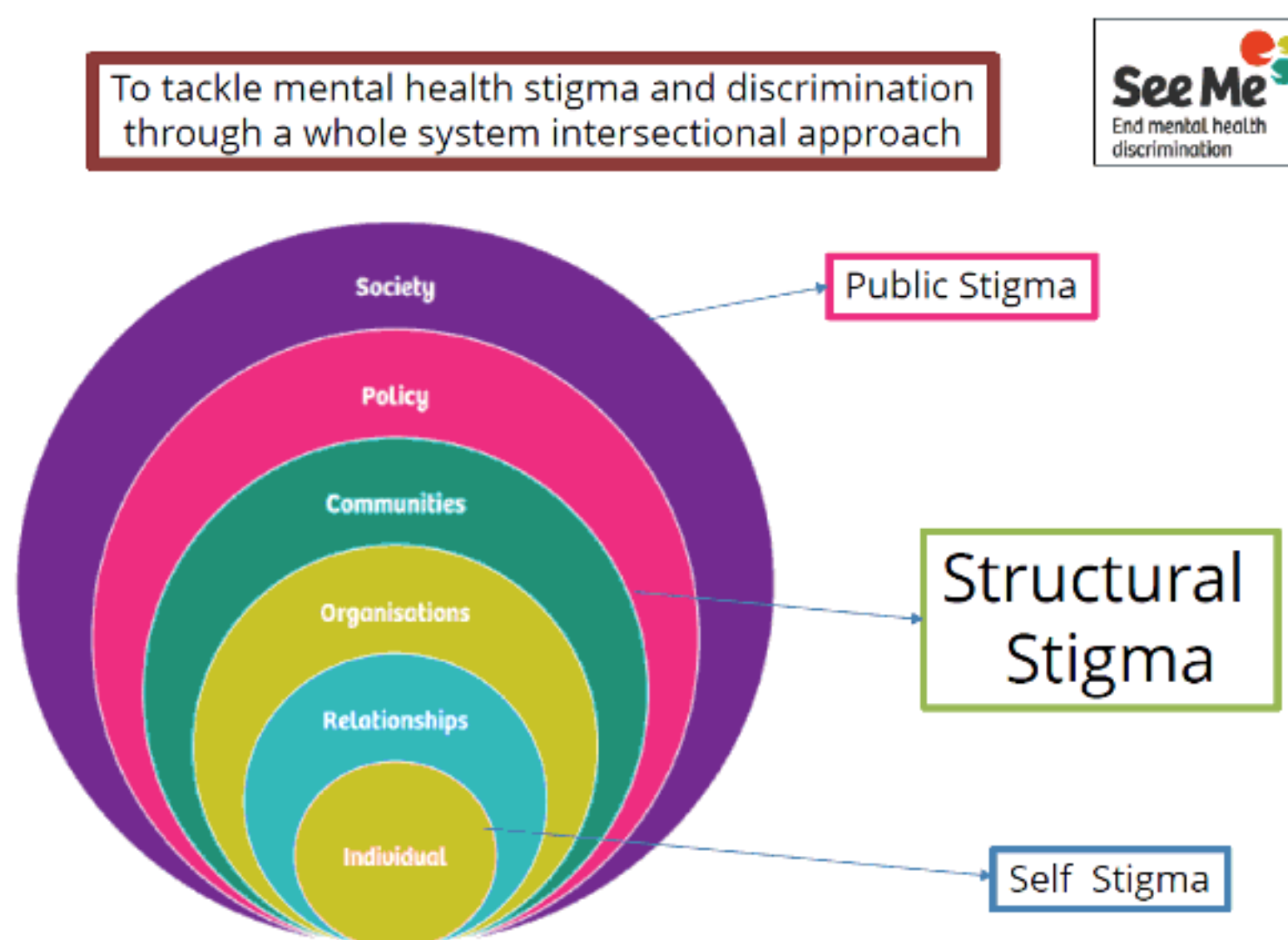
The See Me programme takes a system wide approach across individuals, relationships, organisations, communities, policy, and society (see Figure 2); operating with an understanding that mental health stigma affects people in different ways, often influenced by a range of factors in people's lives. Evidence has highlighted differences in terms of protected characteristics such as gender, age, race, sexual orientation, and disability; as well as variance by geography, deprivation, nature of the mental health condition, and other life experiences⁴. See Me takes an intersectional approach that people may face multiple, overlapping forms of stigma and discrimination based on racism, classism, sexism, homophobia and other systems of power and oppression⁵.

³ The Scottish Mental Health Illness Stigma Study, *See Me*, (2022). [Link](#)

⁴ Mental Health and Wellbeing Strategy, *Scottish Government*, (2023). [Link](#)

⁵ Intersectional Approaches, *See Me*. [Link](#)

Figure 2: Overview of the See Me programme system wide intersectional approach



The 'With Fairness in Mind' strategy details six medium-term outcomes the See Me programme is working to achieve (see Figure 3 below). Overall, the See Me programme contributes towards achieving the vision set out in the Scottish Government Mental Health and Wellbeing Strategy (2023)⁶ to create: **'A Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination'**. The See Me programme has a range of actions in the strategy delivery plan⁷ (see Annex A).

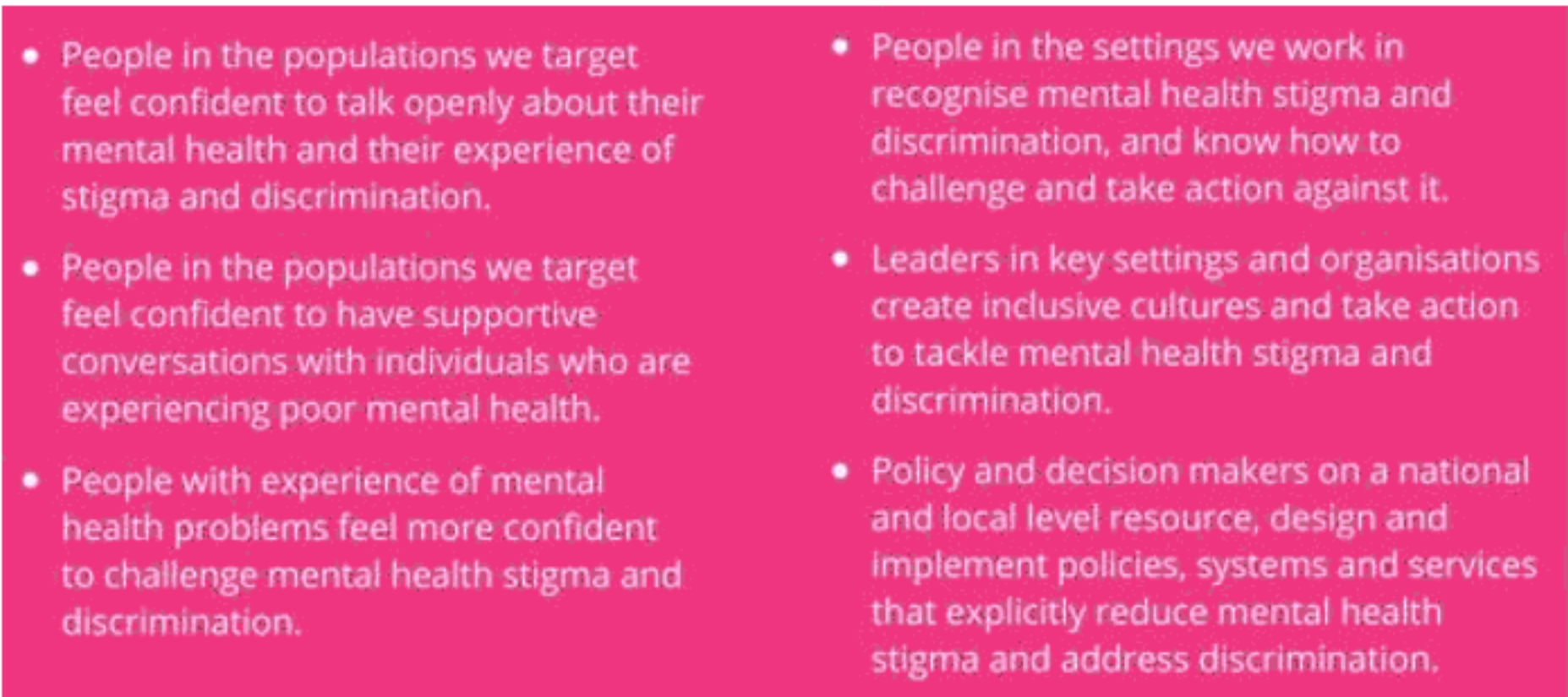
See Me is funded by the Scottish Government. In September 2021 the Scottish Government awarded £5 million of funding for five years⁸. The sponsorship team, with responsibility for managing this funding, is based within the Scottish Government Mental Health Directorate. The programme has been managed by Scottish Action for Mental Health (SAMH) since it was established in 2002. Following a procurement and re-founding exercise in 2013 the programme has been jointly managed by SAMH and the Mental Health Foundation (MHF). This re-founding exercise was undertaken to respond to the changing mental health context in Scotland and to better reflect UK and international developments and evidence relating to anti-stigma work. The See Me programme is guided by lived and living experience and is underpinned by a growing social movement for change made up of people from across Scotland who are passionate about ending mental health stigma and discrimination.

⁶ Mental Health and Wellbeing Strategy, *Scottish Government*, (2023). [Link](#)

⁷ Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025, *Scottish Government*, (2023). [Link](#)

⁸ Tackling Mental Health Stigma and Discrimination, *Scottish Government*, (2021). [Link](#)

Figure 3: The six medium-term outcomes of the See Me programme

- 
- People in the populations we target feel confident to talk openly about their mental health and their experience of stigma and discrimination.
 - People in the populations we target feel confident to have supportive conversations with individuals who are experiencing poor mental health.
 - People with experience of mental health problems feel more confident to challenge mental health stigma and discrimination.
 - People in the settings we work in recognise mental health stigma and discrimination, and know how to challenge and take action against it.
 - Leaders in key settings and organisations create inclusive cultures and take action to tackle mental health stigma and discrimination.
 - Policy and decision makers on a national and local level resource, design and implement policies, systems and services that explicitly reduce mental health stigma and address discrimination.

1.2 Rationale and aims of the review

In January 2025 the managing partners, SAMH and MHF, undertook a tendering exercise to commission an independent review to understand the delivery context and the impact of the See Me programme over the past five years. Rocket Science was appointed to undertake this review between March and July 2025. The aims and objectives of the review were to:

- determine the extent to which the programme has **met/is meeting the six medium-term outcomes** set out in the 'With Fairness in Mind' strategy (see Figure 3)
- assess the **overall impact of the programme across different levels of the system:** individual, relationships, organisations, communities, policy, and society (see Figure 2)
- explore **what has and has not been working well to date**
- review **what evidence/data is available to monitor progress on anti-stigma and discrimination activity at a national level**, including insights into any changes in attitudes, behaviours and experiences of stigma and discrimination at a population level in Scotland
- provide a **brief narrative about the wider context within which the See Me programme has been delivered since 2021**, in terms of policy and practice developments and significant societal changes likely to have an impact on different forms of stigma
- make **recommendations for the future development of anti-stigma and discrimination work in Scotland**, including value for money and improvements to evidencing and monitoring impacts.

1.3 Methodology

The review involved a mixed-method approach to gather and collate insights from primary data collection and secondary data sources. This included a desk review, stakeholder survey, qualitative research, and overall analysis, as detailed further in the following sections.

1.3.1 Desk review

Rocket Science undertook a review of:

- evidence/data regarding **anti-stigma and discrimination activity at a national level**, (the findings are outlined below in Section 1.4).
- See Me evaluation reports, annual impact reports, six monthly monitoring reports, and other key information sources **to aid understanding of the impact of the See Me Programme** (Section 2 provides an overview of the See Me activity in this delivery period).
- key documents, including relevant policy and practice developments, **to help provide a brief narrative about the wider context within which the See Me ‘With Fairness in Mind’ strategy has been delivered** (Section 6 provides an overview of the key developments).

1.3.2 Stakeholder survey

An online survey was undertaken with stakeholders in March 2025 to obtain a high-level assessment of the impacts of the programme over the past five years. This mainly included closed-ended questions, along with some open-ended questions to provide stakeholders with an opportunity to expand on their views/experiences (see the separate supporting documents for a copy of the questionnaire). The survey was issued to a few hundred stakeholders on the See Me database via SmartSurvey and responses were received from 71 stakeholders. Tables 1 to 4 (below) detail respondents’ sector, location, level of involvement with See Me, and lived experience.

Table 1. Stakeholder sector of employment

Sector	Respondents %
Mental Health	51%
Education	23%
Community	14%
Health and Social Care	12%

Table 2. Stakeholder organisation location base

Location	Respondents %
Scotland	77%
UK	16%
Europe	7%

Table 3. Stakeholder level of involvement with See Me

Involvement	Respondents %
Very involved	28%
Somewhat involved	45%
A little involved	23%
Not involved	4%

Table 4. Stakeholders reporting mental health condition / lived experience

Mental health condition	Respondents %
Yes	48%
No	38%
Don't know	7%
Prefer not to say	7%

1.3.3 Qualitative research

A total of 55 people participated in individual interviews or group discussions undertaken online during May 2025 (see the separate supporting documents for a copy of the topic guide). This involved a range of people with different types of involvement in the See Me programme (including regional and priority group delivery partners, strategic partners, lived experience volunteers, managing partners and Scottish Government officials).

Interviews and groups discussions were arranged with representatives from the managing partner organisations, the See Me team, and the Scottish Government (including the sponsorship team and wider relevant policy officials). In addition, the See Me team arranged for Rocket Science to undertake a group discussion with lived experience volunteers and sent a list of contacts of people who had been involved in the programme in a professional capacity. All these individuals were sent an email inviting them to participate in an interview or group discussion. People responding to the survey exercise were also invited to leave their details if they wanted to take part in the qualitative phase of the research and email invitations were subsequently issued to those who volunteered through this route. Everyone who did not respond to the initial invitation was sent a follow-up email reminder which prompted further uptake. In total eight interviews and 13 group discussions were undertaken, involving a total of 55 people (see Table 5 below).

Table 5. Number and type of qualitative research participants

	Number of Interviews or Groups	Number of Participants
Interviews:	8	
Lived Experience Volunteers	1	1
See Me Team & Managing Partners	3	3
Other stakeholders	4	4
Group Discussions:	13	
See Me Team	1	8
Lived Experience Volunteers	1	5
Scottish Government	4	11
Other stakeholders	7	23
TOTAL:	21	55

1.3.4 Analysis

The Rocket Science team developed and populated an analytical framework to capture the findings across the desk review, survey, and qualitative research on each key areas of focus of the review: the six medium-term outcomes, the impacts across different system levels, and aspects of the programme delivery that worked well or not so well. This report provides an overview of the findings on all these areas, drawing on insights from across all stages of the research. In addition, the analytical framework and this report captured additional issues raised by participants during the course of the research undertaken (although not part of the questions posed). These mainly related to views about the framing and wording of the six medium-term outcomes, and the funding and governance of the programme. Analysis across all the key themes of the review has also been undertaken to develop recommendations about the future development of anti-stigma and discrimination work in Scotland.

1.3.5 Limitations to the research

This is not a population level assessment of mental health stigma and discrimination in Scotland, rather it is research focused on understanding the progress and impact of the current delivery period of See Me, undertaken with people who have had varying levels of involvement with the programme. This research aimed to involve the range and diversity of people who have had

different levels of involvement and connection with the See Me programme. However, we recognise that we were seeking to undertake a survey and/or qualitative research in relatively short time scales with people working in busy roles, therefore there may have been limitations with the range and diversity of people who participated in the research. Some potential limitations are:

- The sectors were not covered evenly, with around a third coming from the mental health sector.
- A significant number of people did not complete the survey and not all invited to take part in the qualitative research did so, so selection bias may play a part and potentially influence the results.
- Survey respondents can interpret questions differently, providing answers from alternate perspectives, and some may provide superficial or socially desirable answers.
- Online surveys may not be an accessible tool for some people.

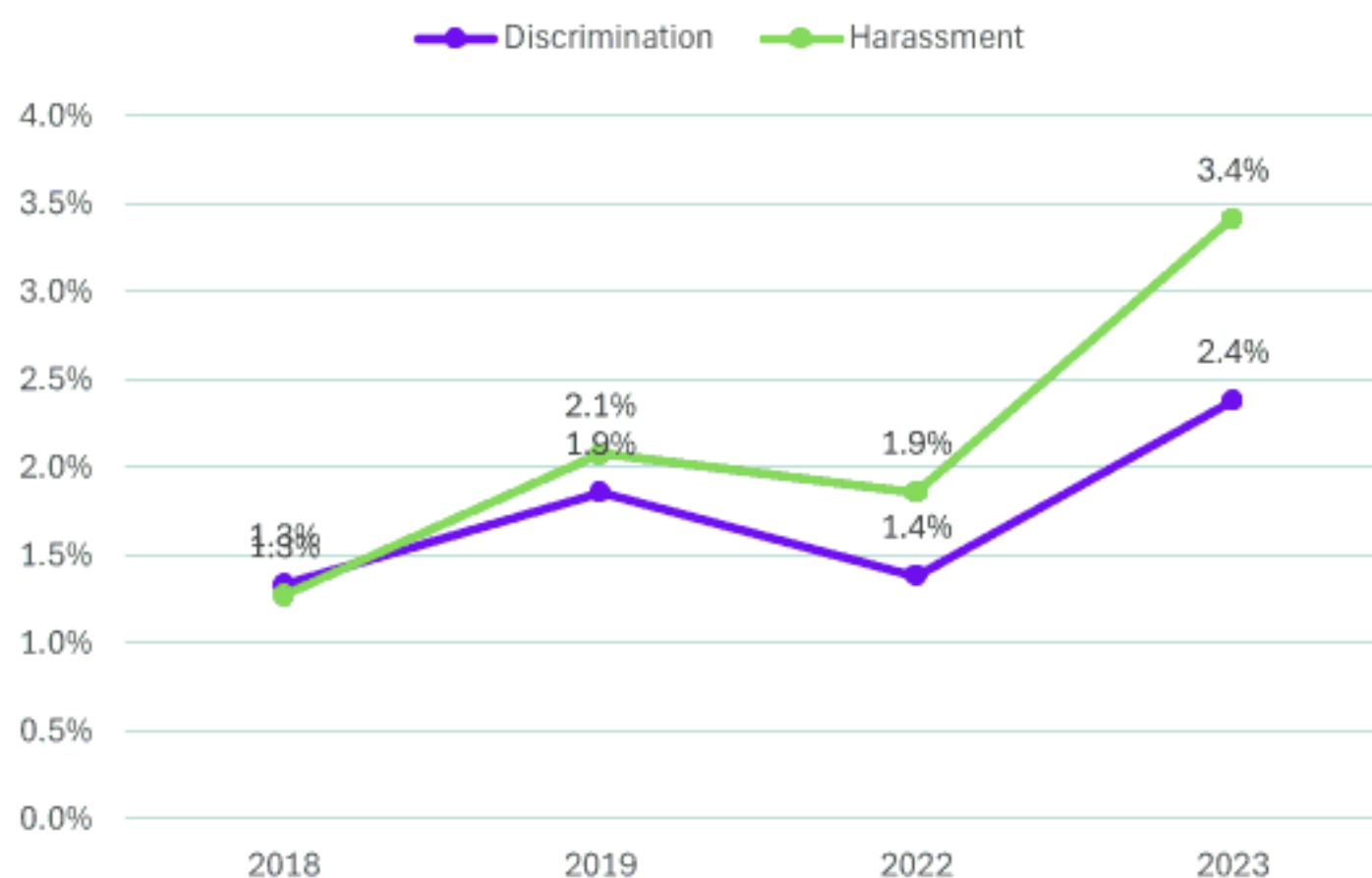
1.4 National evidence and data

As noted above, we reviewed the available evidence and data on **anti-stigma and discrimination activity at a national level**, including insights into any changes in attitudes, behaviours and experiences of stigma and discrimination at a population level in Scotland.

The tables in Annex B provide an overview the range of different national data sources related to mental health issues and performance in general (Table 10) and more specifically related to mental health and stigma (Table 11). It is only the **Scottish Household Survey** that provides data on the proportion of people experiencing discrimination due to their ill mental health. The Neighbourhood and Community section of the Scottish Household Survey's random adult section contains questions that ask about the perceived reasons for discrimination and harassment. Figure 4 (below) highlights the changes in proportion of people perceiving their ill mental health as a reason for experiencing discrimination and harassment. As shown, there has been a general increase in the proportion reporting discrimination and harassment in the recent years. It should be noted that this national data has been collected without specific reference to See Me and therefore population-level changes cannot be easily attributed.

Figure 4: Proportion of people perceiving ill mental health as reason for discrimination and harassment in past year

Source: [Tables 2.49 and 2.50, Neighbourhood and Communities, Annual Household Survey](#)



1.5 Report structure

The following section of this report, Section 2, is informed by our desk review and provides an overview of the work delivered by See Me during the current delivery period (up to July 2025). The subsequent sections of this report detail the findings from the stakeholder survey and qualitative research outlining participants' views regarding the: **impact of the programme across different levels of the system** (Section 3); progress on **the six medium-term outcomes** (Section 4); and programme **strengths and potential areas for development** (Section 5). This is followed by an overview of some of the key developments in policy, practice and societal trends that have occurred during this delivery period, drawing on both our review of key publications and participants' views about broader factors that may have impacted on the delivery of See Me (Section 6). The final section provides our conclusion and recommendations based on all the research undertaken during this review (Section 7).

2. See Me programme delivery

As noted in Section 1.3, a review of evaluation reports, annual impact reports, six monthly monitoring reports, and other key information sources has been undertaken to aid understanding of the impact of the See Me programme. The following sections (Sections 2.1 to 2.7) detail the range of work See Me has delivered from 2021 to date including: involving people with lived experience and volunteers; delivering campaigns; engagement with community and priority

groups; facilitating change across workplaces, settings, and sectors; local place-based approaches; influencing policy; and developing evidence.

2.1 Lived experience and volunteers

Central to the programme's approach is involving people with lived experience in the development and promotion of the campaigns, programs, and activities. See Me has undertaken a wide range of work to recruit, train and support volunteers all of whom have experience of mental ill health. Lived experience volunteers are also part of a steering group within See Me. The volunteers have reflected that they feel on a level playing field with See Me staff members⁹. In 2024, See Me further prioritised lived experience engagement after carrying out a desk review regarding authentic and effective engagement. See Me put in place improved tools and processes for clear communication, reciprocal relationships, valued involvement, and meaningful opportunities¹⁰.

Examples of programme activity related to lived experience and volunteers during this delivery period, include the following:

- **Media activity:** Volunteers and lived experience voices have been a part of media campaigns, to increase public engagement and spread awareness. In 2023, See Me trained 28 volunteers equipping them with the skills and knowledge to share their own stories through media channels, and there were 41 media appearances from lived experience voices¹¹.
- **See Us movement:** This movement was co-produced with volunteers and partners to engage more people and encourage them to get involved and feel part of a national social movement. See Us encourages and inspires people to take action to tackle stigma and discrimination, by platforming people's lived and living experiences. Overall, the total of people signed up to the movement increased by 7% in this delivery period taking the total membership in June to over 5,000. In 2024-25, people on social media saw the content 4.14m times¹².
- **Young people:** See Me regularly recruits and trains new volunteers and looks for opportunities for individuals to become Youth Consultants. In addition, young volunteers (aged 16 to 18 years old) were also recruited and in 2022-23 were given training on: understanding stigma and discrimination, what See Me volunteers do, why lived experience is important to See Me's work, how to create change, and where they can have influence. Young volunteers were also involved in the co design and delivery of the See Me See Change

⁹ Impact Report 2021-2022, *See Me*, (2022). [Link](#).

¹⁰ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

¹¹ Monitoring Report April-September 2023, *See Me*, (2023).

¹² Impact Report 2024-2025, *See Me*, (2025).

(see Section 2.4.5 below) facilitator training and resources¹³. Further details of engagement and work with young people are provided below in Section 2.4.5 on education.

- **LGBT+:** In 2023 See Me partnered with LGBT Health and Wellbeing to develop the See Me Proud social movement with lived experience Community Champions. This focussed on understanding how structural inequalities can lead to the marginalisation of LGBT+ identities and how these experiences intersect with mental health stigma and discrimination. The Champions led on projects and supported the delivery of Community Action, social media, and It's Okay to Talk training for all Champions¹⁴. Further engagement and work with the LGBT+ community is detailed in Section 2.3 below.

2.2 Campaigns

See Me has developed a wide range of campaigns since it was established, and these have been strengthened and used with a range of communities and organisations during this current delivery period. The campaigns operated by See Me (in alphabetical order) are:

- **Feels FM** was designed to help young people have their voices heard, to explain how stigma and discrimination impact people their own age. Launched in 2018, the campaign and platform has enabled over 5,000 young people to share their views and help inform government policy. Research shows that Feels FM is regularly used in schools and is popular in youth work; and has been used on STV, Capital FM and across social media¹⁵. In 2024, youth consultants and staff analysed data from the Feels FM campaigns and SMISS to better understand barriers¹⁶.
- **If It's Okay** was developed by members of the UK Anti-Stigma Alliance to tackle the negative impact that shame has on people with experience of mental illness. It was launched in 2024 and See Me worked with partners and people with lived experience to deliver the campaign which reached over 800,000 people in the two-week period, with strong engagement on social media and the See Me website¹⁷. See Me evaluated the impact of the campaign. The key reported successes were that participants understood the messages, felt valued, and that being involved had been personally beneficial¹⁸.
- **It's Okay to Talk** is for community groups and organisations to help people feel more confident talking about mental health. It is designed to be easily tailored to the needs of diverse groups and communities utilising workshops to encourage conversations about

¹³ Impact Report 2022-2023, *See Me*, (2023). [Link](#).

¹⁴ Monitoring Report April-September 2023, *See Me*, (2023).

¹⁵ Impact Report 2021-2022, *See Me*, (2022). [Link](#).

¹⁶ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#).

¹⁷ Impact Report 2024-2025, *See Me*, (2025).

¹⁸ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

mental health, and including exercises on how to effectively listen and respond to someone who might be struggling. It was developed with input from See Me's volunteers and seven different groups and organisations from across Scotland. In 2022-23, the campaign reached a wide geographical area including the Highlands, North East and Central Belt and a diversity of people and communities, including members of the Polish community, young LGBT+ people, university students, Gaelic speakers, rugby club members, and lived experience volunteers¹⁹. In 2023, See Me partnered with the West of Scotland Equality Regional Council (WSREC) as part of an equality, diversity, and inclusion critical evaluation of the It's Okay to Talk campaign. Insights gained from the WSREC staff members and participants were integrated into the campaign's approach and roll out and disseminated through a collaborative case study²⁰.

- **Pass the Badge**, launched in 2015, invites people to wear a See Me Badge for a day, take the time to have a conversation with someone about mental health and then pass it on to them to wear for the next 24 hours and keep the conversation going²¹. A digital version was also developed, where people shared their story online, with a digital badge on their picture. During this delivery period the campaign has been used as part of the See Me engagement with Police Scotland (see section 2.4.4 below).
- **The Guard** campaign²² was co-created with veterans and launched in 2022 to help veterans who struggle with their mental health to be able to ask for help quickly, without fear of how they will be perceived, as self-stigma is a significant issue for many veterans²³.
- **Time to Talk Day** is a UK wide campaign that aims to get people talking about mental health. In 2024-2025, there was strong engagement with Time to Talk Day with increased visits to the website and downloads and sharing of impact for people with lived experience. See Me provided tailored media training for new volunteers, enabling more representation and sharing of experiences. Lived experience representations appeared in 64% of Time to Talk Day media coverage²⁴.
- **Walk a Mile** is a community event which invites people to pair up to walk and talk in an outdoor space while sharing stories and experiences about mental health. See Me supported volunteer-led projects with the Walk a Mile event. The See Me volunteers fostered a

¹⁹ Impact Report 2022-2023, See Me, (2023). [Link](#)

²⁰ Monitoring Report April-September 2023, See Me, (2023). [Link](#)

²¹ Pass the Badge, See Me, (2015). [Link](#)

²² Tackling Stigma with Veterans, See Me. [Link](#)

²³ Williamson, V., Greenberg, N. and Stevelink, S.A.M. (2019) Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders. *BMC Psychology*, 7, (75). [Link](#)

²⁴ Impact Report 2024-2025, See Me, (2025).

welcoming environment and youth volunteers shared their experiences, emphasising the importance of coming together as a community²⁵.

2.3 Community and priority groups

See Me has undertaken a wide range of engagement with different community and priority groups during this current delivery period, including the following:

- **LGBT+:** See Me partnered with LGBT Health and Wellbeing to establish a group of LGBT+ Community Champions who develop campaigns and activities challenging mental health stigma and discrimination in the LGBT+ community. In 2023, eight new champions were recruited with projects being led on facilitating workshops, organising open mic nights, hosting event stalls, and supporting the delivery of community action²⁶. In 2024, See Me concluded their seven-year funded partnership with LGBT Health and Wellbeing and transitioned See Me Proud Champions to See Me²⁷. As part of the partnership with LGBT Health and Wellbeing, in 2023-24, See Me increased understanding of the intersecting stigmas experienced by LGBT+ New Scots, refugees and asylum seekers. A tailored session (with 46 participants) provided LGBT+ New Scots with access to support and information about mental health, as well as a discussion about mental health stigma and the way it particularly impacts LGBT+ asylum seekers. The participants reported the event helped them feel more confident and more aware of their support options²⁸. In 2024-25, See Me collaborated with LGBT Youth on the Breaking the Stigma project which involved young people and Queer Film Night producing three videos addressing intersectional stigma related to mental health. These have been viewed online over 800 times²⁹.
- **Polish men:** The Feniks Partnership and the Polish Men's Network aimed to understand and highlight the devastating levels of suicide among Polish men. The Feniks anti-stigma campaign saw success with engagement in videos, and ambassadors reported the impact was positive and gave them confidence to talk about their own and others' mental health³⁰. In 2023, Feniks won the award for Campaign of the Year at the Scottish Council for Voluntary Organisations' (SCVO) Scottish Charitable Awards³¹.
- **Racialised communities:** See Me has strengthened partnerships with organisations working with racialised communities and during 2024-25 delivered workshops on intersectional stigma and mental health for senior leaders³². This engagement has included working in

²⁵ Monitoring Report April-September 2023, See Me, (2023). [Link](#)

²⁶ Monitoring Report April-September 2023, See Me, (2023). [Link](#)

²⁷ Monitoring Report April-September 2024, See Me, (2024). [Link](#)

²⁸ Impact Report 2023-2024, See Me, (2024). [Link](#)

²⁹ Impact Report 2024-2025, See Me, (2025).

³⁰ Impact Report 2022-2023, See Me, (2023). [Link](#)

³¹ Feniks wins campaign of the Year award, See Me, (2023). [Link](#)

³² Impact Report 2024-2025, See Me, (2025).

partnership with Pachedu, a Renfrewshire based charity working with diverse minority ethnic groups to promote diversity, tolerance, and dignity. Through online discussions and meetings, See Me identified that community members would appreciate greater confidence when discussing mental health. As a result of the workshop, See Me made changes to the It's Okay to Talk facilitation pack, to include culturally suitable and sensitive content³³.

- **Sports:** In 2022-23, See Me partnered with Glasgow based amateur rugby club GHK to deliver an anti-stigma programme with the aim of reducing mental health stigma and discrimination across the club. The programme focussed on awareness raising, capacity building, and then wider community engagement. The model developed was effective for community sports groups, particularly when developed as part of a wider programme addressing mental health in sport (e.g., SAMH mental health charter)³⁴.
- **Veterans:** See Me were commissioned by the Scottish Government to tackle stigma experienced by veterans, as part of the Veterans Mental Health and Wellbeing Action Plan. As noted in Section 2.2 on campaigns, a specific campaign called The Guard was developed. The campaign was widely engaged with both online and in-person at Waverley train station in Edinburgh. The veterans support service which was linked to the campaign saw 10 referrals. Engaging veterans proved difficult, although those that spoke about their story were at a point in their journey where they were more comfortable to share³⁵.

2.3.1 Arts and creativity

See Me has recognised the role that artists, makers and creators can play in challenging stigmatising attitudes and behaviours associated with mental health and in 2021 launched the **Anti-Stigma Arts Fund** following the publication of See Me's report 'Tackling Mental Health Stigma Through Art'³⁶. This provides individuals, groups, and organisations with the opportunity to apply for funding for arts projects which aim to tackle mental health stigma and discrimination. It facilitates grassroots organisations, led by and working with diverse communities, to develop creative projects (e.g., graphic novels, puppet shows, writing projects). In 2021-22 the fund helped six projects and provided learning around safe spaces for participants from priority communities, generating meaningful co-production opportunities³⁷.

In 2023, See Me hosted its first **creative learning event, 'Who Creates the Story?'**. It brought together the work of creative projects and partners funded or supported by See Me to share approaches and discuss themes. Overall, there were 14 core contributors to the event, 12 staff and volunteers supporting planning and delivery, 66 attendees, and 6 speakers³⁸. Between 2024-2025,

³³ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

³⁴ Impact Report 2022-2023, *See Me*, (2023). [Link](#)

³⁵ Impact Report 2022-2023, *See Me*, (2023). [Link](#)

³⁶ Using the arts to challenge mental health stigma and the impact on the audience, *See Me*. [Link](#)

³⁷ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

³⁸ Monitoring Report April-September 2023, *See Me*, (2023). [Link](#)

3,700 people were reached through art projects, 114 capacity building sessions were delivered, 855 participants and volunteers attended capacity building sessions, and 110 community and intersectional partnerships made, sustained, or influenced³⁹.

See Me has also provided long-term support to the **Scottish Mental Health Arts Festival**, including helping to plan sessions, workshops, and host events with the See Me Anti-Stigma Arts Fund recipients⁴⁰.

2.4 Workplaces, settings and sectors

See Me has undertaken a wide range of engagement and support to enable employers to help address mental health stigma and discrimination. These are detailed further below.

2.4.1 'See Me in Work'

The 'See Me in Work' programme aims to support employers in creating a working environment where people feel safe and able to talk openly about mental health⁴¹. The goal is to help employees who are experiencing problems stay well and remain in work. It provides evidence based and practical support to help employers create stigma-free, mentally health working environments. In 2021-22, this partnership working helped increase the visibility of See Me among new audiences and organisations to learn and share best practice⁴². See Me also developed a 'Six Wee Wordies' facilitation guide to help explore the role of writing as an accessible medium for talking about mental health and stigma (with a limit of just six words per exercise). This guide was circulated to 'See Me in Work' employers ahead of 'Time to Talk Day'⁴³.

The '**See Me in Work' Peer Learning Network** involves quarterly sessions where organisations connect and share their experiences. The Network offers a safe facilitated space for employers actively engaged in the 'See Me in Work' programme to share their challenges and good practice around what works in tackling mental health stigma and discrimination in the workplace⁴⁴. Peer Learning Networking sessions were held in 2022 with representatives from a variety of organisations who discussed and shared examples of good practice and updates from their organisations. The networking strengthened relationships between See Me and the employers, engaged organisations in active learning, and helped to develop and improve practice⁴⁵. The Learning Network is an example of how learning from anti-stigma workplace partnerships can be

³⁹ Impact Report 2024-2025, *See Me*, (2025).

⁴⁰ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

⁴¹ See Me in Work, *See Me*. [Link](#)

⁴² Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁴³ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁴⁴ The Benefits of Peer Support, *See Me*. [Link](#)

⁴⁵ Monitoring Report April-September 2022, *See Me*, (2022).

shared and sustained through creating a safe environment for leaders to explore successes, challenges, and experiences of anti-stigma initiatives, facilitated and supported by See Me⁴⁶.

A '**See Me in Work**' Portal for employers was launched in August 2022 providing a framework for workplaces to improve culture, policy, practice. It was launched alongside the Scottish Government's new online platform offering practical ways to boost mental health in the workplace.

In 2023-24 the 'See Me in Work' webpages were redesigned, an online learning programme for employers was developed, and webinars and workshops were facilitated⁴⁷. Between 2024-2025, See Me reached 2,200 employers, and as part of this engaged with 1,750 employers and 260 partners, and 224 people completed the See Me in Work e-learning⁴⁸.

2.4.2 National Learning Network for Employers

The Learning Network, jointly hosted by the Scottish Government, Public Health Scotland, and See Me helps employers promote and support mentally healthy workplaces⁴⁹. See Me has contributed regularly to meetings for the National Learning Network for Employers, providing advice and support to embed focus on mental health stigma and discrimination in events, newsletters, connecting employers and See Me volunteers to share learning and provide social contact opportunities⁵⁰. Nine network meetings have been held since March 2023, and these are continuing on a quarterly basis.

2.4.3 Public Sector Equality Duty

In 2024, See Me continued piloting materials to support adherence to the Public Sector Equality Duty and implementing intersectional approaches to understanding and addressing mental health stigma and discrimination. See Me piloted workshops with 194 participants including staff, volunteers, 18 partners (community, third sector, public and higher education), through 16 workshops See Me continue to build partnerships with anti-racist and equality expertise and embed feedback and learning into resources⁵¹.

2.4.4 Specific employers and settings

See Me has had a long-term partnership with **Police Scotland** as detailed in Section 2.4.7 on Justice and has worked with a range of organisations across the health sector, including the **Scottish Ambulance Service**, **NHS boards** and others (detailed below in Section 2.4.6). See Me has also worked alongside membership bodies including **The Law Society Scotland** and **Scottish**

⁴⁶ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁴⁷ Impact Report 2023-2024, *See Me*, (2024). [Link](#)

⁴⁸ Impact Report 2024-2025, *See Me*, (2025).

⁴⁹ National Learning Network for Employers, Healthy Working Lives, *Public Health Scotland*, (2025). [Link](#)

⁵⁰ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

⁵¹ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

Financial Enterprise to trial different ways to engage membership companies to engage in anti-stigma work. See Me partnerships with **Scottish Union of Supported Employment** (SUSE), **Health and Safety Executive** (HSE) and **Chartered Institute of Personnel Development** (CIPD) have also helped to extend the reach of the programme and encourage more employers to act⁵².

The 2023 Mental Health and Wellbeing Strategy featured a case study of **ScotRail** involvement in the Scottish Government funded Workplace Equality Project to work across the business to aim to end stigma around mental health⁵³. See Me had undertaken work in the previous delivery period to undertake a needs assessment and to develop and implement improvements, supported with See Me resources, training and the involvement of See Me lived experience volunteers⁵⁴.

2.4.5 Education sector

See Me See Change (SMSC) is a **whole school approach** to tackling mental health stigma and discrimination in schools, consisting of three linked, interactive learning modules for senior pupils and staff. It has been developed and expanded by See Me over a number of years:

- piloted with 19 secondary schools across Scotland, including all mainstream North Ayrshire and Scottish Border secondary schools⁵⁵.
- rolled out in June 2022, with resources, webpages and forms provided to schools, local authorities, and organisations. There were two launch events and online sessions with education professionals, third sector organisations working with young people, individual, volunteers and partners⁵⁶.
- a Train the Trainer approach developed to enhance capacity and sustainability delivered to: four East Lothian youth workers, 22 active schools co-ordinators in Fife (who rolled out the approach across Fife schools), and two members of the Moray Wellbeing Hub team (to deliver the sessions across Moray schools).
- in 2022 SMSC sessions were delivered by volunteers, youth consultants and staff to 17 schools across two local authorities, reaching 307 pupils and 58 staff⁵⁷.
- in 2023 SMSC was rolled out in 35 secondary schools across the Northern Alliance⁵⁸, involving school staff, practitioners, and school-based professionals⁵⁹.
- in 2024-2025 See Me engaged parents, carers, and families in SMSC to also understand the barriers from the parent, carer perspective⁶⁰.

⁵² Impact Report 2020-2021, *See Me*, (2021).

⁵³ Mental health and wellbeing strategy, *Scottish Government*, (2023). [Link](#)

⁵⁴ Leading the way for mental health inclusion in the workplace, *See Me*, (2019). [Link](#)

⁵⁵ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁵⁶ Monitoring Report April-September 2022, *See Me*, (2022).

⁵⁷ Impact Report 2022-2023, *See Me*, (2023). [Link](#)

⁵⁸ The Northern Alliance is a collaboration between eight local authorities, across the North and West of Scotland: Aberdeen City, Aberdeenshire, Argyll and Bute, Eilean Siar [Western Isles], Highland, Moray, Orkney Islands and Shetland Islands.

⁵⁹ Monitoring Report April-September 2023, *See Me*, (2023).

⁶⁰ Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

In 2024-25, See Me worked with four **universities** across Scotland to develop and trial an approach to embed mental health stigma and discrimination in the undergraduate curriculum across mental health disciplines. See Me delivered five anti-stigma workshops to 230 undergraduate and postgraduate students.⁶¹ See Me also partnered with the student mental health project, Think Positive, to establish establishing two feedback groups and facilitate eight sessions to review the See Me See Change materials for higher education⁶².

2.4.6 Health sector

See Me has developed a suite of tools and resources designed to facilitate the improvement around mental health inclusion and reduce stigma and discrimination in its Health and Social Care programme. The tools and resources have been developed and passed to various organisations in partnership with See Me, including NHS Education Scotland, The Royal Pharmaceutical Society, University of the West of Scotland, Support in Mind Scotland, and the Scottish Ambulance Service⁶³.

In 2022-23, See Me worked with universities and professional bodies across Scotland to deliver training sessions to over 200 current and healthcare professionals - 80% of the psychiatrists and 70% of the Global Mental Health students said their knowledge about stigma and discrimination had improved⁶⁴. See Me also implemented a healthcare curriculum project to embed mental health stigma and discrimination education and social contact in undergraduate student curriculums across the mental health disciplines. This also included See Me working with Strathclyde University Pharmacy to update the intersectional content and delivering reflective practice sessions with mental health nursing students at Robert Gordon and Abertay Universities⁶⁵.

During 2024-2025, as part of its Health and Social Care Programme, See Me engaged with 1,062 people (a 77% increase from the previous year), worked with 137 partners (a 23% increase from the previous year), and delivered or participated in 20 events⁶⁶.

The See Me programme has progressed a range of initiatives during this delivery period in partnership with a range of organisations, health boards, and groups:

- **Distress Brief Intervention (DBI):** See Me has worked with the initiative from the outset to embed action on stigma within the approach. In 2024, See Me staff and volunteers provided presentations, data, insights, consultancy, social contact based training, and ongoing advice in the design and implementation⁶⁷.

⁶¹ Impact Report 2024-2025, *See Me*, (2025).

⁶² Monitoring Report April-September 2024, *See Me*, (2024). [Link](#)

⁶³ Impact Report 2020-2021, *See Me*, (2021).

⁶⁴ Impact Report 2022-2023, *See Me*, (2023). [Link](#)

⁶⁵ Monitoring Report April-September 2024, *See Me*, (2024).

⁶⁶ Impact Report 2024-2025, *See Me*, (2025).

⁶⁷ Impact Report 2024-2025, *See Me*, (2025).

- **NHS Education for Scotland (NES):** See Me worked in partnership with NES to deliver a masterclass on SMISS and to provide expert feedback on training modules being developed by NES.
- **NHS Greater Glasgow and Clyde (NHS GGC):** See Me has partnered with NHS GGC to facilitate its anti-stigma fund, since 2019. There are nine funded projects with around 250 participants engaged including young people, people with disabilities, people from LGBTQ+ and minority ethnic backgrounds. Participants reported feeling involved and listened to, whilst staff felt more confident about identifying signs of poor mental health and knowing how to support and signpost people⁶⁸.
- **NHS Tayside:** In 2021-22, See Me worked with NHS Tayside as a positive, critical friend to support the development of its mental health strategy. Since the strategy launched See Me has supported implementation through involvement in a working group, including the ongoing redesign of crisis and urgent care services. See Me has delivered information sessions to mental health nurses and addressed stigma between patients and professionals⁶⁹.
- **North Ayrshire:** See Me partnered with the North Ayrshire Mental Health and Wellbeing Service in Primary Care to help shape their public and staff engagement strategy⁷⁰.
- **Perinatal and infant mental health stigma:** See Me led work, commissioned by the Scottish Government, to support the reduction of perinatal and infant mental health stigma. This involved work, in partnership with the MHF, to produce an updated evidence review, develop evidence-based guidelines, and collate good practice case studies. See Me hosted a launch event for the publication of the final resources⁷¹.
- **Royal College of Psychiatry in Scotland:** In 2022, the Royal College of Psychiatry invited See Me to host and facilitate a session on reducing stigma towards mental health inclusion in psychiatry. There was a high level of engagement in the session, which highlighted the importance of peer-to-peer approaches in professional development, as well as lived experience input⁷².
- **Self-Directed Support:** In 2022 See Me engaged with Social Work Scotland and stakeholders to influence the development of Chapter 7 of the Self-Directed Support Practitioner Toolkit⁷³ regarding supporting people with mental health conditions.

⁶⁸ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁶⁹ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁷⁰ Monitoring Report April-September 2023, *See Me*, (2023).

⁷¹ Perinatal and infant mental health stigma, *See Me*. [Link](#)

⁷² Monitoring Report April-September 2022, *See Me*, (2022).

⁷³ Self-Directed Support Practitioner Toolkit, *Social Work Scotland*, (2024). [Link](#)

- **Scottish Ambulance Service (SAS):** SAS have been progressing their actions to address stigma as part of its strategy to improve mental health in the organisation, with See Me working with the service to learn and develop their approach. See Me reviewed the SAS scheduled call handler training materials to add information on what makes for a compassionate, supportive, stigma-free conversation. See Me hosted multiple workshops on mental health inclusion and capacity building⁷⁴. See Me also supported a survey investigating public experiences and perceptions of SAS's response to mental health emergencies⁷⁵.
- **Suicide Prevention Scotland:** In 2024, See Me worked with Suicide Prevention Scotland to embed an intersectional anti-stigma approach. Carrying out full day workshops, producing tools and resources and contributing to the national support and engagement team to facilitate the building connections between partners⁷⁶.

2.4.7 Justice sector

See Me has had a long-term partnership with **Police Scotland**. In 2021-22, See Me partnered with Police Scotland for the 'Pass the Badge' campaign, supporting senior leaders covering the Highlands, Shetland, Orkney, and the Western Isles to implement the 'See Me in Work' surveys. A key project success was the appointment of a dedicated Health and Wellbeing Project Officer to oversee the implementation of See Me tools and resources and to coordinate anti-stigma work⁷⁷. In 2024-25, See Me worked with Police Scotland to take a cross organisational approach to addressing mental health stigma and discrimination by sharing evidence and learning at workshops, co-designing and piloting anti-stigma interventions, and supporting social contact to end mental health stigma within Police Scotland⁷⁸. During this delivery period, See Me also contributed to the advisory panel of **His Majesty's Inspectorate of Constabulary in Scotland** (HMICS) thematic review of policing mental health in Scotland and is a member of Police Scotland's Mental Health Reference Group to support implementation of the recommendations of the review.

The **Crown Office and Procurator Fiscal Service** (COPFS) used See Me focus group guidance to increase the awareness of mental health stigma and discrimination. Attendees reported that the groups provided a safe space for open and honest feedback and provided improved clarity and confirmation for the COPFS around their action plan⁷⁹.

See Me supported the development of the **Scottish Prison Service's Mental Health and Wellbeing Strategy**, which was written in partnership with key stakeholders, including those with lived experience, families and carers, and experts in mental health. See Me was invited to join the

⁷⁴ Monitoring Report April-September 2022, *See Me*, (2022).

⁷⁵ Impact Report 2024-2025, *See Me*, (2025).

⁷⁶ Impact Report 2024-2025, *See Me*, (2025).

⁷⁷ Impact Report 2021-2022, *See Me*, (2022). [Link](#)

⁷⁸ Impact Report 2024-2025, *See Me*, (2025).

⁷⁹ Impact Report 2022-2023, *See Me*, (2023). [Link](#)

steering group and led on the development of a specific section on mental stigma and discrimination within prison settings⁸⁰.

2.5 Local place-based approaches

See Me has been involved in a range of local place-based initiatives, including the following:

- **Fife:** See Me has provided advice and support to Fife Voluntary Action, helping train people with lived experience of mental ill health to influence service design and support employability pathways⁸¹, as well as progressing work across schools in Fife (see Education section above).
- **Lanarkshire:** See Me previously provided funding to a local partnership, Lanarkshire Links, which subsequently secured core funding for a programme, called Stigma Free Lanarkshire, that aims to end mental health stigma and discrimination⁸². This programme uses the national resources developed by See Me to implement the same approach locally. The See Me Director sits on their programme board to provide continued advice and support.
- **Moray:** See Me has been working in partnership with the Moray Wellbeing Hub (MWH) peer led leadership since 2018. The partnership aims to tackle stigma, with a focus on self-stigma, using social movement approaches to deliver evidence-based resources and interventions in Moray. In 2024–25, 45 volunteers with lived experience participated in MWH events (contributing to a total of 176 activities) and 51 new volunteers were recruited. The project engaged 11 employers and developed partnerships with local organisations to enhance mental health awareness and support in workplaces⁸³. See Me has also shared learning from the MWH experience of lived experience led influence on health and social care.
- **Tayside:** See Me is a member of the Tayside Mental Health and Wellbeing Living Life Well Programme Board, where they have supported in the implementation of action on stigma as part of the Crisis and Urgent Care and Adult, Inpatient Redesign and Communications and Engagement workstreams.

In addition, in 2024, See Me provided advice and support to local area partnerships including Greater Glasgow and Clyde, Scottish Borders, Fife, Tayside, Renfrewshire, Ayrshire, and Lothian. Contributing to conferences and strategic groups, engaging with 396 lead officers to encourage the ongoing prioritisation of action on stigma and discrimination⁸⁴.

⁸⁰ Monitoring Report April-September 2023, *See Me*, (2023).

⁸¹ Monitoring Report April-September 2023, *See Me*, (2023).

⁸² Stigma Free Lanarkshire, Lanarkshire Links, (2024). [Link](#)

⁸³ Impact Report 2024-2025, *See Me*, (2025).

⁸⁴ Impact Report 2024-2025, *See Me*, (2025).

2.6 Policy influencing

See Me's policy and public affairs function involves working to influence national and local policy and decision makers to resource, design and implement policies, systems and services that explicitly reduce mental health stigma and address discrimination. In addition, See Me participates in key strategic partnerships and works on agendas with the Rural Mental Health Forum, and the Scottish Mental Health Partnership⁸⁵.

During this delivery period See Me influenced a wide range of policy, legislation, national guidance and consultations to ensure action on mental health stigma and discrimination was embedded. The programme played a particularly important role influencing the following^{86,87}:

- national strategies (including the Suicide Prevention Strategy (2022), Mental Health and Wellbeing Strategy (2023), Self-Harm Strategy (2023))
- the Scott Review of mental health legislation
- Human Rights Bill
- the NHS Lanarkshire, Tayside and Forth Valley Mental Health strategies
- policy and legislation relating to the Multi-Agency Partnership Approach to Mental Health Distress, through joint work with Voluntary Health Scotland.

In 2023, See Me established an Expert Group to work with over 50 partners to develop the best approaches for tackling stigma. The group produced a report setting out 39 insights into what could be done to influence greater collaborative action on stigma across Scotland⁸⁸.

See Me also developed an Anti-Stigma Fund in-line with the intersectional approach, resulting in a significant increase in applications with direct relevance to the intersections of race, gender, migration, asylum, and mental health⁸⁹. This led to the inclusion of five partners with equalities expertise in the Expert Group, ensuring that Equality, Diversity and Inclusion (EDI) recommendations were central.

2.7 Evidence development

During this delivery period, See Me has continued to support research developments related to mental health stigma and increase the evidence base in Scotland, most notably this involved collaboration to develop SMISS in 2022. An overview of some of the key findings from this study is provided below in Section 2.8.1. Other research developments that See Me has been involved in

⁸⁵ Monitoring Report April-September 2024, See Me, (2024).

⁸⁶ Impact Report 2021-2022, See Me, (2022). [Link](#)

⁸⁷ Impact Report 2024-2025, See Me, (2025).

⁸⁸ Impact Report 2023-2024, See Me, (2024). [Link](#)

⁸⁹ Impact Report 2023-2024, See Me, (2024). [Link](#)

during this delivery period include the work on perinatal and infant mental health stigma (detailed in Section 2.4.6) and the following:

- See Me supported a PhD student at Glasgow Caledonian University exploring **youth mental health stigma** experiences. Findings from the research were disseminated to over 300 conference attendees⁹⁰.
- The Voices Through the Lens research project⁹¹ provided a safe space for **young people from minoritised ethnic communities** to talk about their mental health more confidently, using creative methods⁹².
- **Shame** was an emerging theme from the SMISS data, therefore See Me used a variety of grey and academic literature to further explore this topic. The review included a discussion around what mental health shame is and how it differs from stigma, the barriers to tackling shame, and explored different campaigns relating to shame. The review was helpful in shaping and developing the If it's OK campaign with UK anti-stigma alliance partners⁹³.
- The **Stigma by Association in Mental Health Nursing** (2025) study examined the negative attitudes and discrimination experienced by nurses and other healthcare professionals who work with individuals with mental health conditions⁹⁴. The research identified four key themes: direct stigma towards mental health nurses, stigma towards patients, impact on mental health nurses' own mental health, and intersectional stigma. Mental health nurses reported feeling marginalised and had reduced work satisfaction, with the research shining a light on the stigma coming from both the public and the profession itself. Addressing this stigma through education, advocacy, and policy change is essential for improving the current situation and strengthening the therapeutic relationship between staff and patients and the healthcare setting overall.

2.7.1 Scottish Mental Illness Stigma Study (SMISS)

SMISS is the first in depth study into mental health stigma and discrimination in Scotland⁹⁵. The study aimed to identify the experiences of stigma and discrimination faced by people who reported living with severe, complex and/or enduring mental illness in Scotland. Core questions in the survey covered participants' sociodemographic characteristics, attitudes towards mental health, and experiences of stigma and discrimination across 14 life areas, including employment, relationships, and mental healthcare services. Respondents were asked to select three life areas in which they had experienced the most significant impact of stigma and discrimination and asked detailed questions on; perceived experiences of past stigma and discrimination, anticipated future experiences, withdrawal from opportunities relevant to that life area because of stigma about mental illness,

⁹⁰ Impact Report 2024-2025, *See Me*, (2025).

⁹¹ New 'Voices Through The Lens' research project launched, *Glasgow Caledonian University*, (2023). [Link](#)

⁹² Impact Report 2023-2024, *See Me*, (2024). [Link](#)

⁹³ Monitoring Report April-September 2023, *See Me*, (2023).

⁹⁴ Stigma by association in mental health nursing, *See Me*, (2025). [Link](#)

⁹⁵ The Scottish Mental Illness Stigma Study, *See Me*, (2022). [Link](#)

experiences of positive treatment relating to living with complex mental illness, and intersectional experiences of stigma and discrimination. Qualitative research was undertaken to add depth to the research findings of over 300 respondents.

SMISS found that people living with severe, complex and/or enduring mental illness experience a range of different types of stigma and discrimination, including rejection from family members and romantic partners, being made to take early retirement or redundancy, being made to take medication against their will, feeling ignored and/or having views dismissed in GP and mental health settings, and facing barriers accessing welfare and housing support. The research strongly suggests that stigma and discrimination are experienced in Scotland across every life area explored in the survey and are likely to have profound and enduring impacts for individuals, which makes a clear case for continued investment into and focus on tackling this stigma and discrimination in Scotland.

The study concluded that cross-cutting change is required across: culture, policies, systems and practices and a move towards greater education, collaboration, accountability, inclusion, respect and empowerment. The range of changes suggested through the research fell into four overarching, inter-related areas:

1. **Social values and understanding:** The need for greater knowledge of, and understanding about, mental health issues in society was a recurring theme. This was seen to be fundamental to achieving increased inclusion and acceptance, with the importance of being treated with kindness, empathy and compassion being highlighted.
2. **Socio-economic inclusion:** The need to reduce social inequality and address exclusion in employment, education, welfare, financial support, and relationships was seen as a critical enabler of reducing stigma and discrimination. This included reflections and suggestions relating to social policy and areas of systemic change that are needed to reduce discrimination, improve legal rights and representation, increase access to finance and resources and shift social values and expectations.
3. **Identity and representation:** The need to erase negative representations of people living with mental illness, particularly personality disorder diagnoses, was raised. Many urged an end to the dehumanised and stereotyped identities they felt ascribed to them, and greater use of more thoughtful and inclusive language. The media was discussed as both problem and solution to better representation, with a call for less stigmatised, more accurate or more celebratory representations of mental illness experiences by media platforms and outlets, while also recognising that all parts of society had a role in this.
4. **Services and support:** Improved services were identified as another important step. While NHS and mental healthcare supports were most repeatedly mentioned, physical healthcare, crisis support lines, welfare support, job centres, housing supports, policing and legal aid services were also discussed. Suggestions for improvement included broad comments relating to organisational and cultural change and service reform, through to specific changes related to accessibility and availability, resourcing and investment, staff training and greater coordination across services.

3. Participants' views of system impacts

As noted in the Introduction, a review aim was to assess the overall impact of the programme across different levels of the system (see Figure 2): individual, relationships, organisations, communities, policy, and society. The following section (Section 3.1) provides an overview of the impacts of the See Me programme. The subsequent sections provide more detailed discussion of the findings on each different level/theme, although inevitably there are interactions between all different levels of the system. The findings are grouped into the levels/themes generally referred to by participants when discussing the range of impacts, these are:

- Individuals and relationships (Section 3.2)
- Communities and groups (Section 3.3)
- Organisations and sectors (Section 3.4)
- Policy (Section 3.5), including local policy and local place-based approaches and national policy
- Scottish society overall (Section 3.6)

3.1 Overall impacts

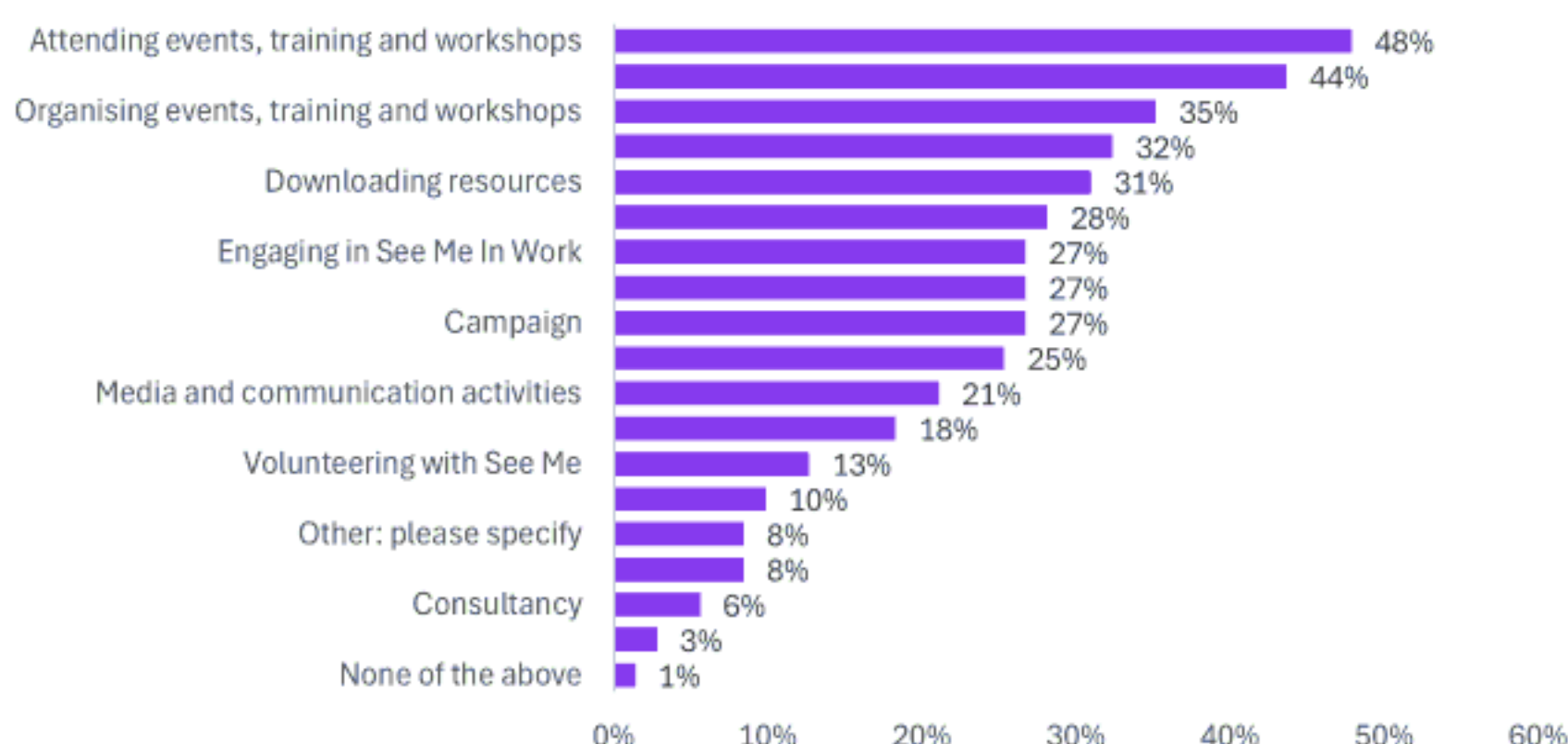
Our stakeholder survey asked respondents to reflect on the extent to which they agree with a range of statements about the overall impacts of the See me programme in Scotland. More than 70% of respondents agreed that the project has achieved positive impacts across all aspects. The statements and the total proportion agreeing ('agree' and 'strongly agree') are:

- See Me is guided and **supported by people with lived experience** of mental health problems (88%).
- See Me has delivered **effective communications and digital resources** that support the reduction of mental health stigma and discrimination (83%).
- See Me influences **change in behaviours** so that people with experience with mental health problems are respected, valued and empowered to achieve outcomes important to them – (80%).
- See Me has worked to offer more **inclusive and person-centred** approaches for people with experience of mental health stigma and discrimination (77%).
- See Me influences **change in cultures** so that people with experience with mental health problems are respected, valued and empowered to achieve outcomes important to them (77%).
- See Me is achieving its vision of a **fairer and more inclusive** Scotland (76%).
- See Me influences **change in systems** so that people with experience with mental health problems are respected, valued and empowered to achieve outcomes important to them (73%).

- See Me is achieving its vision of a Scotland **free from mental health stigma** and discrimination (72%).

Stakeholder survey respondents were also asked about the types of involvement with See Me that they and their organisations have had (see Figure 5 below). The most common type of involvement was 'attending events, training, and workshops' (48%), followed by 'policy/consultation/influencing' (44%), and 'organising events, training, and workshops' (35%).

Figure 5: Type of Involvement with See Me in the past 4 years



In addition, respondents were asked about the impacts that have emerged from their engagement with See Me (see Figure 6 below). A large majority of respondents reported 'improved knowledge of mental health stigma and discrimination' (85%) and nearly three quarters (72%) reported 'improved understanding of mental health stigma and discrimination'.

Figure 6: Impacts emerged from stakeholders' engagement with See Me

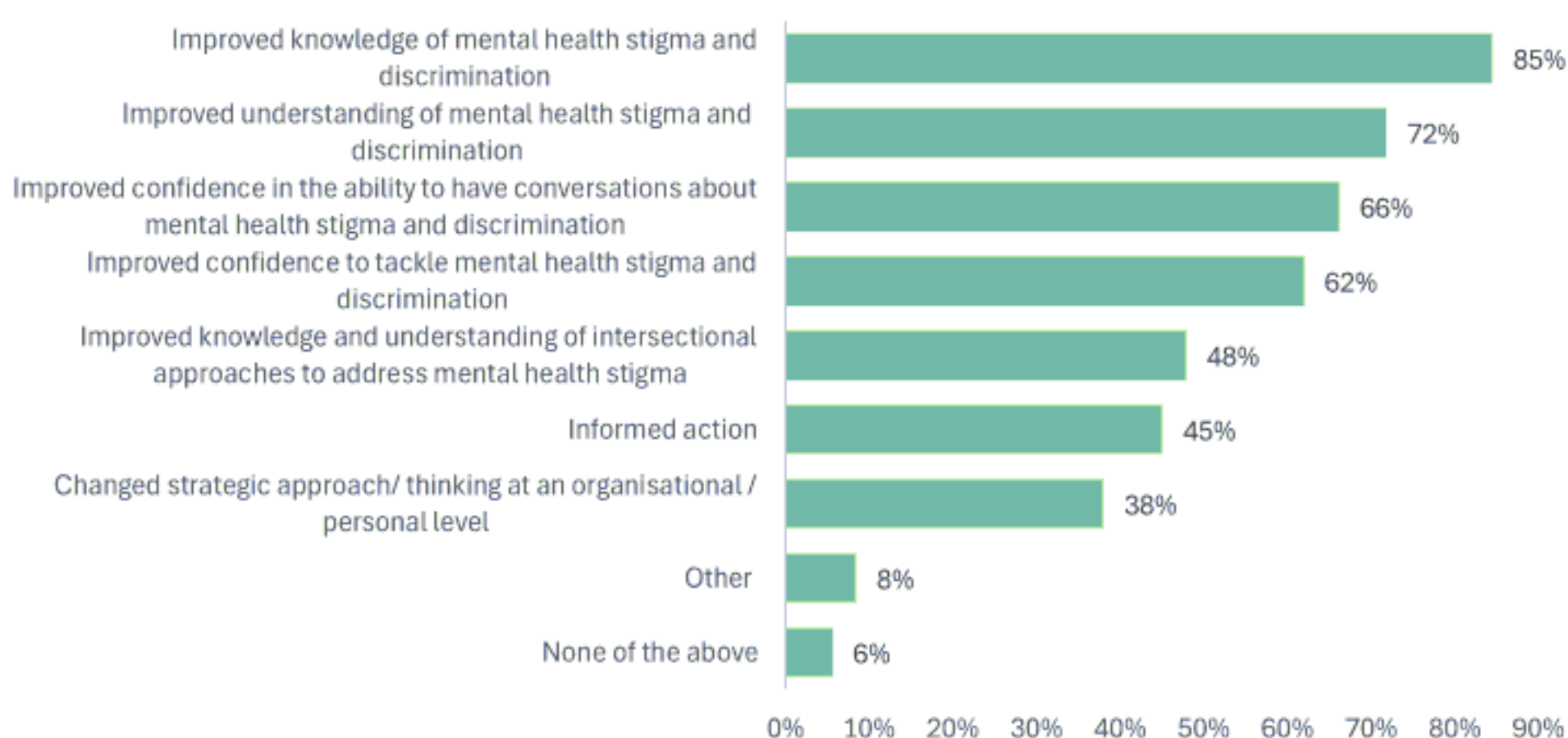


Table 6 below provides a summary of participants' reported strengths and areas for development when considering the impacts of See Me across the system. The following sections outline the findings in more detail for each of the levels of the system (Sections 3.2 to 3.6).

Table 6. Impacts across the system: Strengths and areas for development

Strengths	System Levels	Potential areas for further development
Effective campaigns and involvement of lived experience volunteers, who in turn are helping others	Individuals and interactions	Build on learning and good examples to share with others and support wider impacts across Scotland
Good partnerships and intersectional approach, working across range of communities with positive impacts	Communities and groups	Communicate priorities, share/spread best practice and support further work (especially for racialised communities and drug and alcohol users)
High-quality resources and campaign materials valued and used by wide range of organisations, with particularly good examples of partnership and impacts in education settings and workplaces	Organisations and sectors	Further spread/scale good work to date in education sector and workplaces, and develop approaches in other sectors, especially health services and justice sector
Excellent support to number of local areas, which has helped to progress the agenda and health and wellbeing in these local areas	Local policy and place-based approaches	Extend reach and impact across wider range of local areas
Using expertise to inform national policy development, led on development and impact of SMISS	National policy	Undertake wider engagement to align with relevant work underway nationally
Progressing the agenda across the (above) levels of the system with strong brand, reputation, and involvement of people with lived experience	Society	Clarify and communicate strategic, national approach, explore routes for developing national data/evidence to track change and helpful

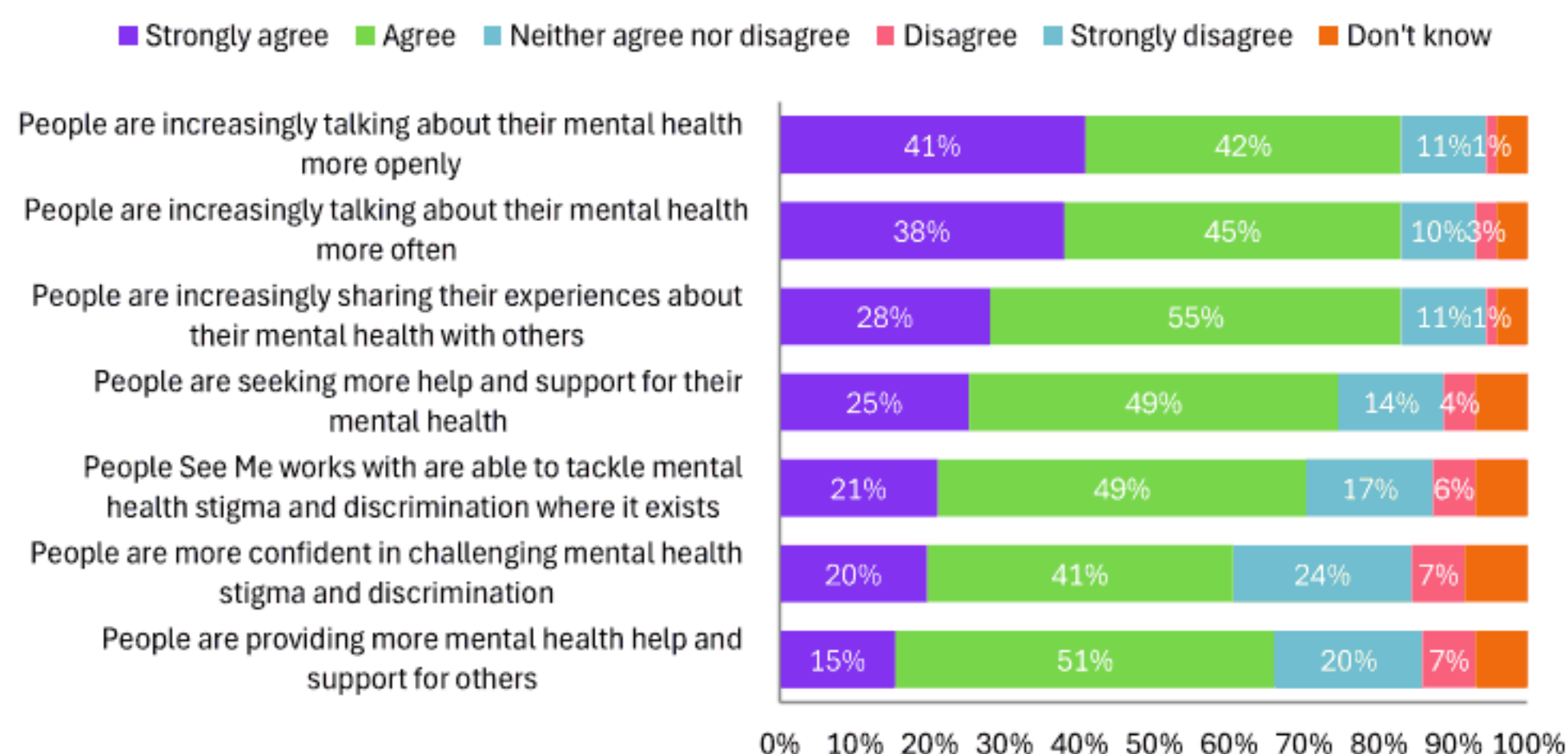
3.2 Individuals and relationships

Stakeholder survey respondents were asked to reflect on the impacts of See Me over the last four years and to rate the extent to which they agreed or disagreed with a range of statements about people's interactions in relation to mental health. The majority agreed with the statements (see Table 7 and Figure 7 below), with the highest rates of agreement for the following three statements: 'People are increasingly **talking about their mental health more openly**' (83%), 'People are increasingly **talking about their mental health more often**' (83%), and 'People are increasingly **sharing their experiences about their mental health with others**' (83%).

Table 7: Total agreement (agree or strongly agree) for each statement

Statement	Total Agreement
People are increasingly talking about their mental health more openly	83%
People are increasingly talking about their mental health more often	83%
People are increasingly sharing their experiences about their mental health with others	83%
People are seeking more help and support for their mental health	74%
People See Me works with are able to tackle mental health stigma and discrimination where it exists	70%
People are providing more mental health help and support for others	66%
People are more confident in challenging mental health stigma and discrimination	61%

Figure 7: Impact of See Me for individuals over the last four years across different areas (6 pt Likert scale)



Research participants consistently praised the See Me **campaigns**, notably 'Time to Talk' day and 'It's Okay to Talk', for the impact they have had on influencing everyday language, helping such conversations to become more prevalent, and in turn impacting wider changes. In addition, it was reported that the 'Pass the Badge' and 'Walk a Mile' campaigns have been highly effective in '*opening up*' conversations about mental health. While the majority of participants praised the campaigns, a few participants questioned the level of impact they are having or suggested ways that impacts could be maximised. For example, it was suggested momentum could be maintained and impacts maximised by using all opportunities of different mental health awareness days and weeks that run throughout the year (e.g., Maternal Mental Health Awareness Week).

Of the people responding to the stakeholder survey, 88% agreed that See Me is guided and supported by people with lived experience of mental health problems. During the qualitative research participants often stated they valued the programme's lived experience engagement, which they reported helped maximise the impact of See Me and ensured that a diverse range of people see themselves represented in anti-stigma work. While a few participants perceived that See Me has undertaken less lived experience work during this current delivery period, most participants reported that See Me has supported a wide range of lived experience work during the last four years (detailed in Section 2). Volunteers were reported to have had a large, positive impact in terms of helping people they are engaging with to speak about their mental health. Volunteers who participated in this research valued the role they had played in providing this peer support, which they reported enabled them to challenge stigma and discrimination. It was suggested this approach could be further utilised: "**Peer support is personally somewhere I found I wasn't alone and could talk without shame or guilt and learnt tools to challenge stigma, part of a**

community, a collective that gives a bit of courage. There are lots of elements that really align with challenging stigma. Not sure why it's not leant into a bit more."

Lived experience volunteers reported that they felt very supported and valued by See Me and others they were working with, and the experiences have significantly helped them to develop their confidence and make a difference to the agenda overall: **"As an individual volunteer, See Me has been an important part of my mental health recovery as it's given me a sense of community and allowed me to take something positive from my experiences of mental illness...It's helped me identify and tackle self-stigma...and to share aspects of myself with friends and at work simply by virtue of telling people about the projects I'm involved in. It's given me the language to challenge everyday stigma and made me more aware of my own attitudes and language."**

See Me was also praised for developing the lived experience youth consultant roles for young people (aged 16-25 years) which is paid and develops skills. Youth consultants who participated in this research advised that their involvement in See Me has helped them to develop a sense of community as they have been able to speak with others and share experiences.

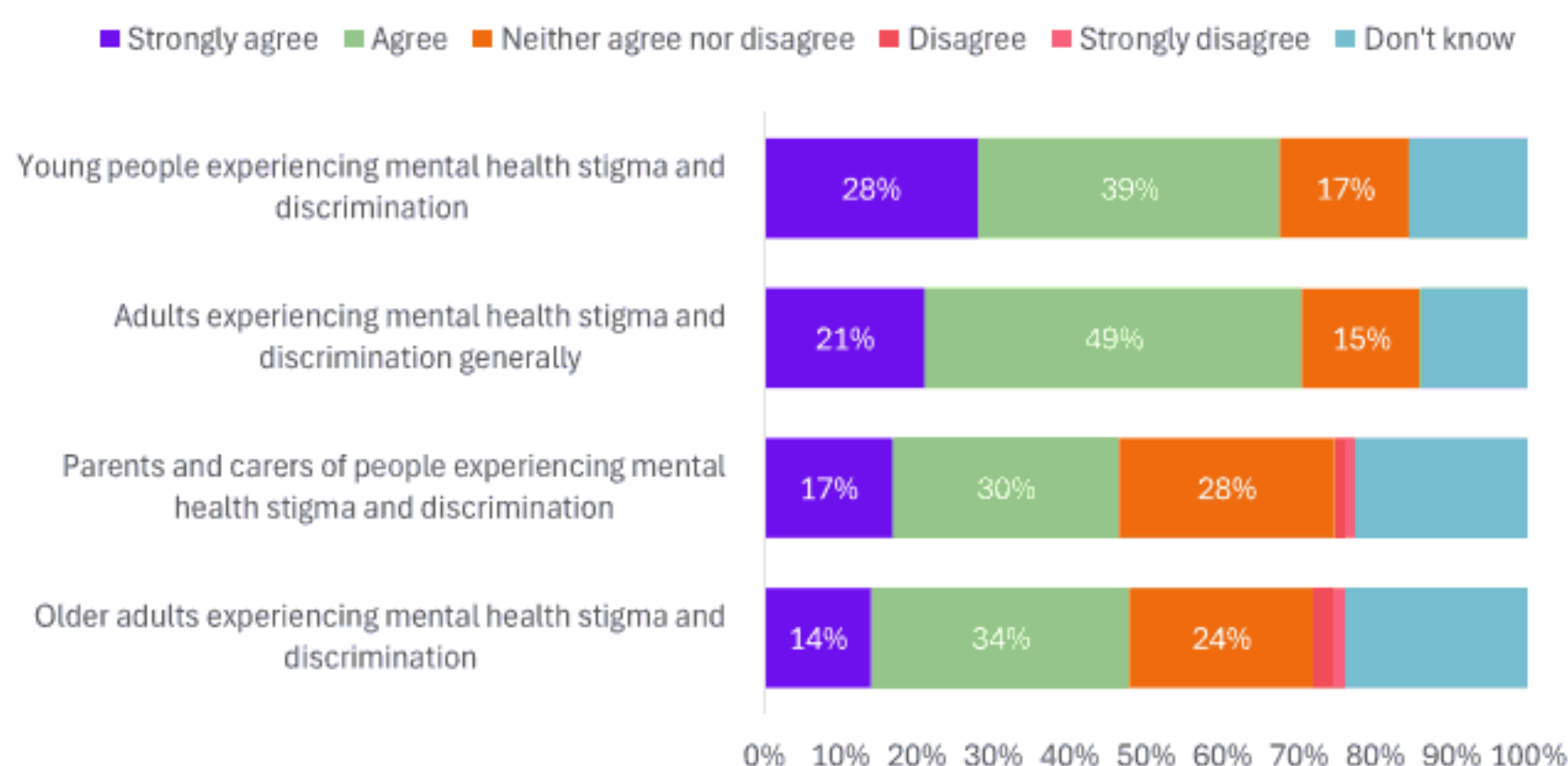
Overall, participants consistently praised and valued the programme's good work on campaigns and with individuals with lived experience. Participants from the voluntary sector, highly valued their partnership work with See Me, and one suggested this could be strengthened even further and that their voluntary organisation could help provide support with engaging people with lived experience. There were also a few participants that suggested See Me should seek to build on the work to date to have impact at scale, across systems and nationally (e.g., taking learning about peer support and to help spread this to groups across the country).

3.3 Communities and groups

To help assess impacts for different people and groups, survey respondents were asked to rate the extent to which they agreed or disagreed that See Me has created positive impacts for different groups of people experiencing mental health stigma and discrimination. As can be seen from Figure 8 below, the majority agreed there have been positive impacts for adults (70%) and young people (67%). Fewer respondents agreed there have been positive impacts for older adults (48%) and parents and carers of people experiencing mental health stigma and discrimination (47%). However, this was largely because respondents provided neutral or don't know responses, rather than disagreeing.

Respondents who expanded on their answers stated that the positive impacts for adults and young people had been achieved by: raising awareness, providing accessible resources, enabling extensive dialogue, and empowering people to speak up and seek support. It was noted that the impacts for young people came about through schools and youth settings, whereas for adults it was through workplace programmes.

Figure 8: Impact of See Me across different groups over the last four years (6 pt Likert scale)



Participants consistently highlighted the very positive impacts that See Me is having through its engagement and work with different communities and groups. For example, the 'Walk a Mile' campaign was highlighted as fantastic for opening conversations and having a '*ripple effect*'. Some participants reflected that the involvement of communities is an important route to addressing some of the current challenges with the mental health system, by facilitating more of a community focus, different approaches, and safe spaces: **"By bringing in groups that haven't been involved and included before, we are beginning to see new avenues where people can go to."**

As noted in Section 2, See Me has undertaken a wide range of engagement activities with different communities and priority groups. Research participants were positive about the engagement and collaboration See Me has undertaken with different communities and groups. Participants discussed the following examples:

- **Drug and alcohol users:** Participants from various organisations noted that they are working with people that use drugs and alcohol and see very clear parallels with See Me's work, given drug and alcohol users typically experience discrimination and stigma and tend to have mental health issues. One respondent is writing a manifesto for their organisation around reducing stigma of drug users and is using the See Me approach and wider resources as templates. There is clear appetite for See Me to consider drug and alcohol users in its intersectional approach, especially as this group is not protected against discrimination legally, given drug and alcohol use is not a protected characteristic in and of itself.
- **LGBT+ community:** It was noted that the work See Me has undertaken with the LGBT+ community has been nominated for an award. Participants from organisations supporting the LGBT+ community felt that See Me was vital in providing space to meaningfully listen to their voices, as well as providing practical support around campaigning and generating evidence.

Participants also appreciated the quality of resources and being able to get ad hoc advice when needed. There were requests for even deeper engagement, but a recognition that See Me are stretched in multiple directions. Importantly, groups working with the LGBT community highlighted that the ongoing discourse and political rulings around trans people are heightening challenges around their mental health and stigma, and this is a key priority for these groups in the immediate future.

- **People with a mental illness:** As noted in Section 2, See Me participated in a UK Anti-Stigma Alliance campaign called 'If It's Okay' aimed at tackling the negative impact that shame has on people with experience of mental illness. Some participants cited this as an example of how See Me built on the learning from data about the stigma that people with mental illness experience and aimed to help increase confidence in reaching out for support.
- **Polish men:** Data had revealed that Polish men in Edinburgh/Lothian area were not speaking about their mental health and in the worst cases were completing suicide. Consequently, See Me worked in partnership with Feniks and Polish Community Ambassadors to develop a campaign to influence health and social care settings to encourage more openness about mental health amongst men from Poland and eastern Europe more broadly. It was noted that this campaign, called "Shed your armour, show the scars", had won an award. Some participants noted that this work was very impressive, but one participant suggested that See Me could do more to demonstrate the impact of this work.
- **Racialised communities:** As noted in Section 2, See Me has been undertaking partnership working with racialised communities. Some participants reflected that this is a recent development, and this remains a significant gap to be addressed. For example, it was stated that See Me and the mental health sector more generally mainly have materials with broadly white representation, despite the fact people from ethnic minority communities are the most likely to access mental health support in crisis. It was emphasised that it is important that this area of work has a focus on reducing health inequalities and understanding stigma in context (e.g., it could be that it is racial discrimination that leads to mental health difficulties, which then leads to further stigma).
- **Veterans:** One participant praised the approach See Me had taken to working with veterans and liked the name of the campaign that was developed, 'The Guard'. Further information about this work was provided in Section 2.
- **Young people:** Participants noted the valuable resources that See Me has developed aimed at young people and reported that the programme had really helped to develop activities and engage with young people. Section 2 details engagement undertaken with young people and the development of the Feels FM campaign.

Participants valued the way in which See Me partnered with others and empowered different communities and groups, for example, to adapt the See Me resources for their particular

circumstances. However, one participant expressed some concern about potential quality control issues and maintaining the strength of the See Me brand if communities are adapting the tools and resources. It was suggested that See Me could have a memorandum of understanding to help with these issues.

Section 2 details the way See Me has supported the **arts and creativity** within the programme. Some participants emphasised the importance of the arts as enabling people and communities to share experiences of what it is like to live with mental health problems, noting that the arts can help break down barriers and promote understanding and awareness. There was positive feedback regarding the involvement of the programme's collaboration with the Scottish Mental Health Arts Festival, noting that See Me has provided invaluable support and guidance over the years. In addition, some participants reported that the Anti-Stigma Arts Fund is helpful for enabling people with lived experience to describe their own experiences in their own terms, and in turn help to engage others to share stories and change attitudes: **"I have worked in the arts and mental health sector for 15 plus years and I have seen an overall reduction in mental health stigma and discrimination. It feels like See Me have had a strong contribution to this, but it is difficult for me to measure the extent of this. I have seen the very positive influence they have had on the work that we do and, on the artists, and communities involved."**

Overall, participants appreciated the positive work that See Me has undertaken with different groups and communities at greater risk of stigma and discrimination. The programme's focus on intersectionality was particularly valued. However, as noted above, it was advised that the work with drug and alcohol users and racialised communities needs to be further developed. Some suggested that See Me should be given more funding to further increase its work supporting community-led and volunteer-led approaches and enable community groups to develop solutions and scale up. However, others reflected that rather than being about increased funding, See Me could spread the learning about good practice working with communities, to facilitate greater impact at scale for the communities that are most at risk of mental health stigma and discrimination.

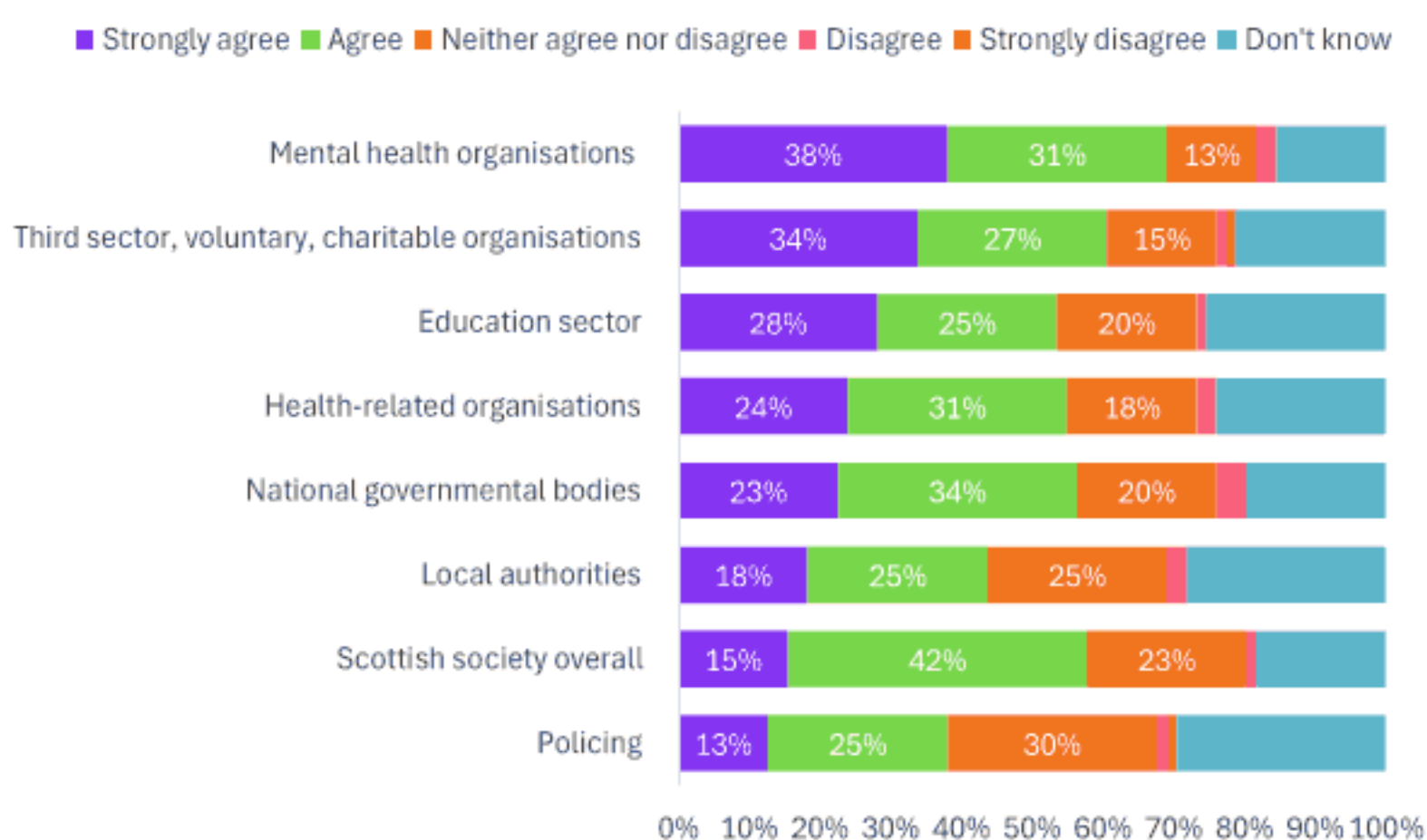
A few participants were unsure about the programme's direction of travel and current priorities in relation to communities and groups. These comments were more about participants seeking to further understand the programme's current priorities, rather than any critique of the work. For example, a few participants thought that See Me may currently be prioritising more of a population wide focus and emphasised the importance of priority attention for groups at greater risk of stigma and discrimination including people with more severe and enduring mental illness, and groups at greater risk of intersectional stigma (e.g., men, older adults, minority ethnic groups, and people in remote and rural areas). In contrast, a few other participants perceived that See Me has moved away from being more of a public campaign and welcomed the programme's closer working with specific communities and its focus on addressing intersectional stigma. One participant thought that See Me may now scaling back its community work and campaigning (e.g., community champions, innovation labs, activist led activities) due to now being required to focus on delivery of Scottish Government actions.

3.4 Organisations and sectors

Stakeholder survey respondents were asked to rate the extent to which they agree that the See Me programme has been able to create positive impact across different sectors (see Figure 9 below). The majority of respondents agreed there have been positive impacts for organisations across the following sectors: mental health (69%), third sector (61%), national government (57%), Scottish society overall (57%), health (55%), and education (53%). There were lower levels of agreement of impacts for organisations in the following sectors: local authorities (43%) and policing (38%). However, other respondents mainly provided 'neutral' or 'don't know' responses, with very few disagreeing.

Some survey respondents elaborated on their responses, via the open-ended question, advising that the programme has delivered positive impacts in different sectors by providing resources, information, support to organisations, and by enabling organisations to have a platform to share their work and develop networks.

Figure 9: Respondents agreement whether See Me has created positive impacts for different organisations/sectors



Most commonly the qualitative research participants pinpointed the education sector and workplaces as being the two types of organisational settings where the See Me programme has had most impact (discussed further below in sections 3.3.1 and 3.3.2). Health services and the justice sector were flagged by some participants as being key areas for attention going forward (discussed in sections 3.3.3 and 3.3.4). Some participants also suggested that anti-stigma work should be progressed across a range of additional sectors. These were not discussed in detail, but the sectors mentioned were: children's services, employability support, housing, and social work.

3.4.1 Education

As noted in Section 3.4, just over half of the stakeholder respondents (53%) agreed that See Me is having an important impact on the education sector, with the majority of other respondents providing a neutral or 'don't know' response. Qualitative research participants, however, most commonly highlighted the education as a sector where See Me has had most impact. Although some participants questioned the long-term sustainability of the impacts beyond the period of being supported by See Me.

Participants consistently highlighted the impact of the programme's work with **schools**. Fife Council and many schools within this local authority were noted to have particularly embraced and led anti stigma work, especially Dunfermline High School. Participants who discussed the work in schools consistently stated it would not have been possible without support from the See Me programme, which involved:

- sharing resources (including 'Time to Talk' resources and a common language card about language to open up conversations),
- train the trainer work,
- developing and implementing the 'See Me, See Change' (SMSC) whole school approach (which as detailed in Section 2 brings together pupils and staff to create an action plan unique to their school), and
- developing mental health ambassador and young people peer mentoring roles.

The resources developed for schools were reported to be very high quality. It was reflected that the impact of the work was strengthened because people within the schools, supported by See Me, were driving the change forward: **"See Me training opportunities for staff and pupils have allowed a great understanding and insight of mental health and wellbeing. This has allowed staff and pupils to gain confidence in delivery of appropriate mental health and wellbeing related lessons and the ability and confidence to offer support to young people, peers, work colleagues, family, and friends."**

The involvement of young people in ambassador roles was reported to be particularly impactful, with ambassadors influencing change within their secondary school and supporting transition work with P7 classes. Some participants noted that the ambassador networks in schools are a strong example of co-leadership with people with mental health conditions, using strength based social contact methods.

The education sector was noted to be of crucial importance as it is all about educating young people and therefore has the potential to help contribute to long-term societal changes in attitudes and behaviours. Participants often reflected that they are keen to see the work and benefits spread to other schools beyond those that were involved. However, it was acknowledged that this can be challenging because of how busy schools are. One participant also perceived that it can be difficult to influence broader change as there is a lot of devolved power, for example,

working with Education Scotland does not necessarily lead to system wide changes as some decisions are devolved to individual schools within local authorities.

Some participants also discussed the work the See Me programme has undertaken with **colleges and universities**. Again, the quality of the resources was praised and the fact that these are open to any organisation to use. The work being progressed by See Me was reported to be enabling more lecturers and students to be educated about mental health and to be able to talk about it. This work was said to be very important as otherwise students might not feel able to be open about difficulties they experience and struggle to complete their education. Some participants stated they would like to see this work expanded to a broader range of colleges and universities, building on the good work to date.

3.4.2 Workplaces

Work with employers was reported to be crucial to improving mental health outcomes for employees within those organisations, and more broadly, an important route for raising awareness and facilitating change across the population.

Participants appreciated See Me's partnership approach to engaging with workplace organisations, as well as their credibility, expertise, and strong brand. The See Me resources were also praised for being good quality and engaging. It was noted that the 'Time to Talk' campaign is well recognised and has had a significant impact in helping put mental health conversations into workplace settings. Some employers have maximised the impact of the 'Time to Talk' day with additional activities, for example, sharing resources, hosting conversation cafes, and promoting internal support services. Some participants also highlighted the impact of the 'Pass the Badge' campaign in their workplaces and the importance of peer support as a mechanism to challenge stigma, stating that this campaign helped people to engage in the important conversations. Some participants also mentioned that the See Me work has also been complemented by initiatives led by others, for example, Samaritans' 'Blue Monday' and Scottish Government funded work on 'mental health in the workplace'.

See Me was reported to have played a particularly valuable role in connecting people with lived experience to share powerful stories and contribute to developments across workplaces. However, one participant suggested that when sharing lived experience in workplaces it is also important to communicate that it is one person's experience (and may not be representative of experiences across a wider group), and where possible to draw out the learning about the actions that an employer can take to influence a positive outcome.

See Me was noted to have undertaken long-standing partnerships addressing mental health stigma and discrimination with different employers and workforces over the years (e.g., Scottish Ambulance Service) and professional bodies with oversight of a wider workforce (e.g., Law Society of Scotland). Participants also discussed some key strands of workplace activity that they have been involved in, these were:

- **‘See Me in Work’ programme:** As outlined in Section 2, this programme supports employers to tackle mental health stigma and discrimination in the workplace. It was reported to have engaged with large numbers of employers and have helped to progress the agenda and focus on inclusion. The focus to date has primarily been on large employers, although it was noted that See Me currently has work underway to develop resources for smaller employers.
- **National Learning Network for Employers:** As detailed in Section 2, this Network is jointly hosted by the Scottish Government, Public Health Scotland, and See Me. Participants reported that See Me has contributed expertise on mental health stigma to influence national strategy, policy and practice related to employers and help contribute to staff health and wellbeing. In particular, sharing resources for employers and bringing in lived experience expertise was particularly valued. One participant noted that they had previously attended Employer Network events which they had found to be a good way to connect with people in other workplaces progressing the same agenda and to share ideas and resources. However, they noted that an event had not been held for a long time and they would be keen to see the events re-started. (This may be an issue to be addressed in future Network communication, since as detailed in Section 2, the Network events have been continuing a quarterly basis).
- **Collaboration with Police Scotland:** See Me was reported to have played a critical role supporting work across Police Scotland, which has been important for both the police response to mental health issues across the communities being served, as well as supporting the mental health of the workforce who undertake complex and demanding work. This in turn has supported the work Police Scotland is progressing to embed trauma-informed approaches as part of the National Trauma Transformation Programme.
- **Collaboration with ScotRail:** Engagement and support from See Me was reported to have had a big impact and helped to shift attitudes across ScotRail, enabling employees with mental health difficulties to feel able to approach their colleagues or line managers.

Participants often reflected that See Me is using their expertise to influence national strategy, policy and practice related to employers. A few other participants commented that See Me has primarily worked with organisations that are keen to change and suggested that the next step is for See Me to work more strategically to influence organisations and sectors that have been less willing to engage to date and seek to achieve impact at scale. One participant suggested that it could be beneficial to have a training package developed for line managers for organisations to roll out and help spread the messages.

3.4.3 Health services

As noted above at the start of Section 3.4, over half of survey respondents agreed the See Me programme has made positive impacts on mental health organisations (69%) and health related

organisations (55%). However, qualitative research participants commonly suggested that See Me should look to increase its focus on and impact with health services. This was said to be critical for people with long-term mental health conditions, as the stigma experienced across health services can lead to reduced access to care, missed appointments, and not sustaining care/treatment etc. Consequently, people with long-term mental health conditions have a lower life expectancy than the general population (with no experience of mental illness). This inequality was a key concern. It was suggested that See Me or others could undertake research with people with mental health conditions to find out about their experiences in hospitals, and then use the data and stories to influence healthcare staff.

The stigma experienced by people working in mental health services (stigma by association) was also an area of concern raised by some participants. They noted that this contributes to staff shortages, less resources and training across mental health services, and in turn impacts on the care and support for people with mental health conditions. A number of participants praised the research that See Me and NHS Scotland has undertaken with mental health nurses on stigma by association (detailed in Section 2), and stated they are keen to see more. One participant also recalled that See Me had undertaken a campaign with people who work in or engage with the NHS, regarding the stigma they have experienced. It was noted that the content (involving people sitting in a circle, talking about their experiences) was very engaging, but they were unclear about how this had been received by the NHS and what the plan is going forward.

Some participants reflected that See Me is good at networking and engaging with front line services, but they noted that it is challenging to influence change across health services as they are very stretched, and staff who are under pressure may be struggling with their own wellbeing. Nevertheless, participants hoped that See Me could help to influence change across mental health services. Some participants noted that See Me has worked to integrate actions on stigma and discrimination with other initiatives being progressed across the mental health system (e.g., Distressed Brief Intervention (DBI), Mental Health Standards, 'Time Space Compassion').

Some participants advocated embedding training on mental health stigma and discrimination and intersectionality within education for health professionals. It was reported that many health professionals currently know little about it and are unaware of the negative consequences.

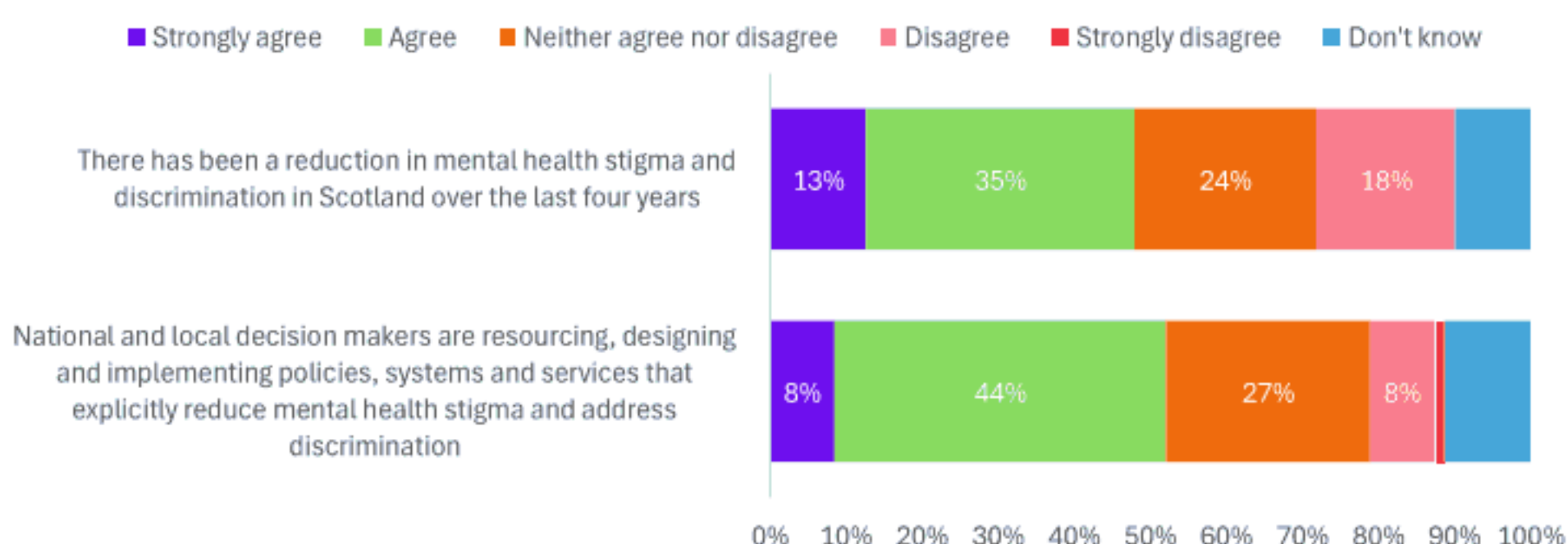
3.4.4 Justice

Although the positive partnership between See Me and Police Scotland was discussed by a range of participants (as discussed above in Section 3.4.2) and See Me has undertaken some engagement with justice services (see Section 2), some participants highlighted the justice sector as a key sector to focus on to address mental health stigma and discrimination. It was noted that the justice sector, in particular the Scottish Prison Service, works with people experiencing greater levels of mental health challenges than the general population and this needs to be factored into the day-to-day operations within prisons. In addition, implications for the mental health of victims and for the family and friends of victims and perpetrators were also flagged.

3.5 Policy

Just over half (52%) of the stakeholder survey respondents agreed that 'national and local decision makers are resourcing, designing and implementing policies, systems and services that explicitly reduce mental health stigma and address discrimination' and less than half (48%) agreed with the statement that 'there has been a reduction in mental health stigma and discrimination in Scotland over the last four years' (see Figure 10 below). However, the disagreement levels are low, with a quarter of respondents stating, 'neither agree nor disagree'. This could indicate that stakeholders are unsure how to assess these statements that are about an overall societal outcome and about national and local decision makers.

Figure 10: Broader impacts of See Me (6 pt Likert scale)



3.5.1 Local policy and local place-based approaches

A range of participants reported that See Me is playing a critical role in local policy and local place-based approaches. It was stated that See Me has had a significant impact in some local areas, in particular Lanarkshire, Tayside, and Moray. See Me has helped people working in these areas to build on the learning and resource from the programme to implement local changes. The support was highly valued and appreciated by people working in these localities and was reported to be helping contribute to improved health and wellbeing in these areas. While some participants suggested that See Me should now look to extend its reach across different local authority areas, others stated there are limitations to the number of local areas See Me can work with due to the small size of the team.

3.5.2 National policy

There was widespread recognition that See Me had played a highly effective and crucial role in influencing the national Mental Health and Wellbeing Strategy (2023)⁹⁶ and other national

⁹⁶ Mental Health and Wellbeing Strategy, *Scottish Government*, (2023). [Link](#)

strategies. In particular, participants praised See Me for working quickly to develop SMISS (detailed in Section 2.7). The study was reported to have had a significant impact on the development of the Mental Health and Wellbeing Strategy, as well as other policy development and wider developments. Consistently participants stated how valuable the SMISS study has been, and some called for the study to be repeated. The See Me programme was also praised for 'including voices' and incorporating people's lived experience in their ongoing policy influencing work.

Participants often noted, that following the impact of See Me on the national Mental Health and Wellbeing Strategy, See Me is continuing to influence policy and decision-making, for example, through its involvement in key groups (e.g., Equality & Human Rights Forum sub-group and Mental Health Leadership Board) and in other ways (e.g., development of a 'prioritisation tool'). Overall, it was reported that See Me is maintaining the profile of work to address mental health stigma and discrimination and continuing to influence policy makers and strategic developments. Generally, participants welcomed the influence See Me is having on national policy. It was hoped this would lead to long-term societal change. Some lived experience volunteer participants, however, did express concern that the terms 'stigma' and 'discrimination' can easily be incorporated into high-level strategies or used by politicians, without there being much substance and associated action.

Some participants perceived that the programme's success in influencing national strategy, is now also potentially constraining the programme's autonomy, since See Me is currently leading on the delivery of a wide range of actions in the 'Mental Health and Wellbeing Strategy: delivery plan 2023-2025'⁹⁷ (listed in Annex A). Others regarded this as an opportunity for See Me, as the programme can build on this and now focus on leading system change across Scotland. There were mixed views amongst some participants about the relationship between the Scottish Government and the See Me programme, with some believing there are benefits to a close working relationship with government, and others expressing concern that the programme could lose its independence. Issues raised regarding funding and governance are detailed in Sections 5.3 and 5.4. Some participants also noted that forthcoming Scottish elections in 2026 create some uncertainty around the direction of policies addressing stigma and discrimination.

Some participants mentioned the work of an expert group (referenced in Section 2.6), convened by See Me, that had developed a set of recommendations for driving progress on the anti-stigma agenda. It was noted that these recommendations have not yet been published, but there is an action in the Mental Health and Wellbeing Strategy delivery plan⁹⁸ to "form an anti-stigma collective to support innovation, share leadership and commitment to take forward the key actions identified by the expert group".

⁹⁷ Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025, *Scottish Government*, (2023). [Link](#)

⁹⁸ Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025, *Scottish Government*, (2023). [Link](#)

Some participants advised it would be helpful if See Me could provide a clear overview of their strategic direction and the work they are progressing, so that it can be better aligned with related work others are undertaking. It was suggested that this would help See Me to undertake wider engagement and identify opportunities to integrate anti-stigma work or build on relevant work that other organisations have under way across Scotland.

3.6 Society

As noted in Section 3.1, 76% of the stakeholder respondents agreed that 'See Me is achieving its vision of a fairer and more inclusive Scotland', and 72% agreed that 'See Me is achieving its vision of a Scotland free from mental health stigma and discrimination'. However, just less than half of the stakeholder survey participants agreed with the statement that 'there has been a reduction in mental health stigma and discrimination in Scotland over the last four years' (48%) as detailed in Section 3.5 (see Figure 10). This could reflect that stakeholders felt more confident about the work of See Me specifically, rather than assessing an overall societal outcome.

Research participants often commented that the actions that See Me is progressing across all levels of the system (including individuals, groups/communities, organisations, and policy) are crucial and will be contributing towards societal changes: **"See Me's work over the past 20 years has helped to shift societal perceptions and create a positive platform for change - the blatant discrimination which would have once been commonplace is now more easily called out. It empowers individuals to speak their truth and challenge stigma."**

Some participants, however, raised concerns about current cultural and geopolitical trends that are working against the anti-stigma agenda (discussed further in Section 6.3.5). Some participants also discussed the challenge of being able to effectively assess how the programme is impacting changes at a societal level, with some suggesting that more work is needed to develop population data to better understand national changes. Although there were mixed views about whether this should be the responsibility of See Me, the Scottish Government, and/or others.

Some participants stated that they were unclear about whether See Me is seeking to undertake awareness raising aimed at the general public. Some participants suggested See Me should run national advertising campaigns aimed at the general population, whereas others questioned the value of universal, general campaigns that often do not help those who are most impacted. Generally, it was thought that there is a need to keep the universal, profile-raising work going as well as driving progress in key sectors and for key groups. A number of participants suggested it would be helpful if See Me could more clearly articulate its strategic approach (e.g., whether it is aiming to have a whole population focus) and how it is working at different levels of the system (e.g., what it means by 'individuals', 'groups', 'communities' etc. and what work they are aiming to progress to impact at these different levels).

Some participants reflected that it is a difficult balancing act for See Me, regarding how much 'big' profile and awareness raising they do across the population, versus detailed work on changing

practice 'on the ground'. One participant recalled that high profile advertising campaigns had been undertaken in earlier phases of the programme but was unsure if See Me had decided to move away from this approach. Another participant suggested research could be undertaken to gauge the brand awareness of See Me and estimated that the level of awareness may be lower now than four years ago, as the programme has had less of a population approach and more of a focus on specific groups and settings.

Overall, participants consistently stated that See Me messaging has been very powerful, and the programme has a strong brand and awareness. One participant particularly appreciated the way that See Me has used the language of 'rights' and 'duties', which has helped the messaging to have strength and credibility. Some participants also noted that See Me has undertaken positive work with the media, for example, connecting journalists to people with lived experience to hear about the impacts of mental health stigma and discrimination. See Me was noted to be providing lived experience volunteers with media training, including helping them to prepare for how to respond to questions. One participant stated: **"I am able to talk about my bipolar to the media and to help with the stigma that still surrounds mental health, I have done an interview with STV on 'Time to Talk' day and newspaper articles, as well as attending See Me volunteer meet ups both online and face-to-face."**

Many participants valued that there is a national campaign to challenge stigma and discrimination in Scotland. Participants often stated they valued the fact that the Scottish Government recognises the importance of this agenda and funds a national programme, but some suggested there are ways in which government could make a bigger difference for Scottish society (as noted in Sections 3.5.2, 4.7 and 5.3). Consistently participants stated that See Me is making good progress, but they also often noted that many societal challenges remain and are potentially increasing (as discussed in Section 6.3).

Participants involved in work in other nations, stated that Scotland is performing better on this agenda than other UK nations (as they do not have similar national programmes). It was noted that after the 'Time to Change' campaign ended in England in 2021 there was a backslide in people feeling comfortable to speak about mental health. One participant referred to the Mind's 'Attitudes to Mental Illness 2023 study'⁹⁹, which reported that public awareness of mental health and willingness to support individuals had fallen back and attributed this to economic pressures and the end of the 'Time to Change' campaign in England. Some participants in our review expressed concern that some charities and organisations more generally appear to be ending their anti-stigma work: **"...it's worrying because it's very important in this current climate to challenge stigma and discrimination. It's important that See Me is able to continue the work."**

⁹⁹ Attitudes to mental illness: 2023 summary report, *Mind to Mind*, (2024). [Link](#)

4. Participants' views of progress on the outcomes

As detailed in the Introduction, a review aim was to determine the extent to which the programme has met/is meeting the six medium-term outcomes (see Figure 3) set out in the 'With Fairness in Mind' strategy. The initial section below (Section 4.1), outlines participants' views about some of the overall challenges with understanding and assessing the outcomes and provides a summary table of progress on the outcomes (Table 8). The subsequent sections detail participants' views about progress on each of the six outcomes (Sections 4.2 to 4.7).

4.1 Assessing progress on the outcomes

Some participants raised challenges with being able to gauge progress on the outcomes (discussed below). It should be noted, however, that these outcomes were developed in 2020/21 at a time of significant uncertainty due to the Covid pandemic. The context has evolved since this time and the programme has continued to adapt to changing circumstances and priorities over the last four years (as detailed in Section 2). Overall, this review has found that See Me has made important progress across all six of its intended medium-term outcomes and there are also several potential opportunities for further development. Table 8 (overleaf) provides a summary of these reported strengths and areas for development, and each of the six outcomes is discussed in more detail in the subsequent sections (Sections 4.2 to 4.7).

Some participants reflected that it is difficult to gauge progress on these outcomes without relevant national data and evidence, and there are further difficulties in understanding how much the progress can be attributed specifically to the work of the See Me programme. Some participants called for national data sources to be developed to help monitor progress on each of the outcomes. However, many participants suggested that the set of outcomes overall, and the wording of each individual outcome, should be reviewed and revised for the next phase of the See Me programme. In addition, one participant suggested that it would be helpful to set out the lower level 'goals' or 'milestones' that the programme needs to achieve to help drive progress towards the outcomes, for example, by using a 'theory of change' approach.

Some participants observed that whilst See Me has progressed very good work and they valued the collaboration, they were concerned that it is hard for the programme to demonstrate its impact because there are so many factors outside of the programme's control (e.g. challenges with the mental health system) and there is not necessarily 'linear progress' on this agenda, with challenges continuing to arise (e.g. cultural and political changes) which can set back progress (discussed in Section 6.3). As noted in the discussion on the individual outcomes below many highlighted that it is not possible to say that any one area for action or sector can be 'ticked off' as 'done', as there are ongoing and newly emerging challenges and different levels of complexity.

Table 8. Six medium-term outcomes: Strengths and areas for development

Strengths	Outcomes	Potential areas for further development
Maintaining raised profile of agenda and continuing to challenge stigma, and overall, more people talking openly about mental health	People in the populations we target feel confident to talk openly about their mental health and their experience of stigma and discrimination	People with severe and enduring mental illness Outcome wording to reflect whole population approach
Progressing developments to facilitate and increase confidence in having supportive conversations	People in the populations we target feel confident to have conversations with individuals who are experiencing poor mental health	People with severe and enduring mental illness National data to gauge progress Outcome wording to reflect whole population approach
Taking an intersectional approach and playing crucial role in enabling people to challenge stigma and discrimination, involving people with lived experience	People with experience of mental health problems feel more confident to challenge mental health stigma and discrimination	Experiences within services and people with severe and enduring mental illness and co-morbidity of mental health and substance use Routes for people to report stigma and discrimination
Leading effective campaigns and working collaboratively to have impact across range of settings, in particular in education and some workplaces	People in the settings we work in recognise mental health stigma and discrimination, and know how to challenge and take action against it	Collaboration with national partners to increase scale and sustainability of impact Outcome wording to broaden focus to all settings
Having impact with leaders across different levels and inspiring positive cultural change	Leaders in key settings and organisations create inclusive cultures and take action to tackle mental health stigma and discrimination	Increase reach of engagement with leaders and support leaders to champion and own the agenda
Using expertise to inform national policy development, led on development and impact of SMISS, and supported embedding of agenda across number of local areas	Policy and decision makers on a national and local level resource, design and implement policies, systems and services that explicitly reduce mental health stigma and address discrimination	Wider engagement to align with relevant, national work and extend reach/ impact across wider range of local areas

4.2 Outcome 1: Confident to talk openly

People in the populations we target feel confident to talk openly about their mental health and their experience of stigma and discrimination.

As noted in Section 3.2, survey respondents were asked to reflect on the impact of See Me and the extent to which they agreed with statements about people's confidence to speak about their mental health and experiences of stigma and discrimination. As was shown in Figure 7 there were high levels of agreement for statements that people are: **increasingly talking about their mental health more *openly* (83%)** and **more *often* (83%)**, and **increasingly sharing their experiences about their mental health with others (83%)** and **seeking more help and support (74%)**.

Research participants consistently commented that over the last several years there has been a significant change across the general population, with people feeling more confident to talk about their mental health and mental wellbeing. However, fewer participants felt able to comment on whether people are more confident to talk about their experience of stigma and discrimination. There was a general perception that there is now less stigma, and that people feel able to talk more openly. Some participants commented that this change is not unique to Scotland, and it is something that has been observed across different countries. Nevertheless, many participants believed that See Me has made a key contribution in Scotland, working alongside other charities and national policy developments, to help enable people to feel more confident. It was noted that See Me has led progress in raising the profile of the importance of conversations about mental health and challenging stigma.

Some participants noted that the covid pandemic has had a critical impact on this outcome, as more people appreciated the ways in which mental health can be impacted and there was significant government spend during the pandemic on social marketing regarding mental wellbeing. This led to increased awareness and help seeking. One participant noted that NHS 24 data shows that people were increasingly seeking help related to mental health difficulties prior to the pandemic, and that this further increased during the pandemic, but has since plateaued. It was stated that more national data is needed to understand the trends, why there is a drop off and for whom.

Overall, this direction of travel, of people across the population talking more openly about their mental health, was welcomed. In general, participants believed this development should be further encouraged. Although it should be noted that some concerns were raised about the risks associated with people being more open to speak about their challenges and facing limited options to access support, such as waiting times for mental health services and long waiting lists for counselling services (perceived pressures on the mental health system are discussed in Section 6).

Many participants expressed concern that while significant progress has been made in the general population, this may have contributed to a diminished focus on people with severe and enduring

mental illness. They noted that this is potentially leading to people with mental illness feeling more alienated from the more mainstream discussion of low mood or mild anxiety or depression which does not resonate with their experience of living with severe and enduring mental illness: **“It’s good that people feel more able to say they’re stressed, but this is very different compared to a person telling somebody they have schizophrenia or bipolar disorder, or anxiety disorder which is severely limiting their lives. How do you try get round this? It’s tricky but it needs to be done, as otherwise we’re running the risk of creating a new marginalised group of people with more severe mental health problems.”**

It was emphasised that often these individuals are experiencing high levels of stigma and discrimination, and examples were cited from the SMISS that they may fear being sacked if they open-up about their condition at work and/or are unable to inform their own families about their condition. The participants in this review advised that it is important to keep hearing from, or do more to hear from, people with severe and enduring mental illness.

Some participants commented on the wording of this outcome and reflected that they were not clear what is meant by *“people in the population we target”*, whether this means that See Me is taking a whole population focus or only focused on the people they directly work with. Some noted that evidence demonstrates the importance of a whole population focus and that there are differences across the population, for example, someone living in a rural population will often find it harder to have conversations with others about their mental health due to less anonymity. It was suggested that the wording could be revisited in any future development of outcomes for the programme going forward.

4.3 Outcome 2: Confident to have supportive conversations

People in the populations we target feel confident to have supportive conversations with individuals who are experiencing poor mental health.

As noted in Section 3.2, survey respondents were asked to reflect on the impact of See Me and the extent to which they agreed with statements about people seeking or providing mental health help and support. As shown in Figure 4 and Table 7, nearly three quarters agreed that ‘people are seeking more help and support for their mental health’ (74%). However, less agreed that ‘people are providing more mental health help and support for others’ (66%), although still a majority agreed. Some research participants commented on the wording of this second outcome. As with the first outcome, they questioned what is meant by *“people in the population we target”* with some reiterating that a whole population approach is needed.

Generally, participants regarded progress on this second outcome to be similar to the first outcome. There was a perception that there has been a general positive trend of both people being more open about their own mental health and people having supportive conversations with

others who are experiencing poor mental health, for example, between colleagues in a workplace or between students and supervisors in education settings. It was noted that many settings promote an inclusive environment, for example, having wellbeing champions and encouraging conversations. However, it was also acknowledged that this is not universal, and levels of safety and trust can vary in different places and for different people (related to protected characteristics).

Other participants drew more of a distinction with the first outcome, they reflected that this second outcome is more about how *confident* people feel engaging with another person who is struggling. It was stated that See Me, and a range of organisations in Scotland, are contributing to progress on this outcome by helping to facilitate increased levels of confidence in people across the population to support individuals who are experiencing mental health difficulties. Several developments were reported to be underway, for example, Mental Health First Aid training¹⁰⁰, the safeTalk suicide alertness training¹⁰¹, training in language related to mental health, the development of See Me resources (e.g., Let's Chat¹⁰²) and the development of peer support models/approaches by See Me and others.

However, it was also stressed that there is a lack of data to help gauge progress on this outcome nationally. One participant suggested that the best proxy measure potentially is the NHS 24 data on help seeking for mental health related issues, but it was noted that this does not provide insights about whether more people in the population are willing to have conversations with others and whether people sharing their mental health problems feel listened to etc. It was suggested that these types of questions could be explored in a Scottish Social Attitudes Survey on mental health stigma, as it was noted that it has been over 11 years since the Scottish Government commissioned this type of survey module.

As with the first outcome, many participants highlighted that the situation is very different for people with more severe and enduring mental health conditions. It was noted that although we may have a population that is more 'mental health literate', people are generally not willing to have contact with people with mental illness, which can be due to discriminatory attitudes or people not having a sufficient understanding of mental illness and knowing how best to support people impacted.

¹⁰⁰ Scotland's Mental Health First Aid, *Public Health Scotland*. [Link](#)

¹⁰¹ Mental health and suicide prevention learning resources, *Public Health Scotland*, (2025). [Link](#)

¹⁰² 'Let's Chat', *See Me*, (2019). [Link](#)

4.4 Outcome 3: Confident to challenge stigma and discrimination

People with experience of mental health problems feel more confident to challenge mental health stigma and discrimination.

As noted in Section 3.2, stakeholder survey respondents were asked to reflect on the impact of See Me and the extent to which they agreed with statements about challenging stigma and discrimination. As shown previously in Figure 4 and Table 7, 61% agreed with the statement that 'people are more confident in challenging mental health stigma and discrimination'. Survey respondents were also asked to rate whether they agreed with different statements about the impact of See Me for people with experience of mental health problems. As detailed in Section 3.2, the large majority of survey respondents agreed that **See Me influences change in behaviours (80%), cultures (77%), and systems (73%) so that people with experience with mental health problems are respected, valued and empowered.**

Some participants perceived that people generally feel more confident to tackle mental health stigma and discrimination. However, other participants stated that whilst the general trend is improving, this remains very difficult, or may have got worse, for people with severe and enduring mental illness and people with co-morbidity of mental health and substance use problems. Some participants commented that the wording of this outcome should be more focused on these challenges, and that the wording of 'mental health problems' within this outcome is too general. It was also suggested that See Me could more fully articulate what is meant by 'stigma' and help to provide vehicles for people to report negative experiences of mental health stigma and discrimination.

Some participants emphasised that actions are needed to address the ways in which people experience stigma and discrimination within services, including mental health services. It was observed that if people experience stigma within delivery of services, they may not come forward to seek care or may disengage from care which results in them becoming more unwell and contributes to the disparity in outcomes. As noted previously in Section 3.4.3, people with mental illness have lower life expectancy than the general population (without mental illness).

One participant observed that it is often stated that mental health should be treated the same as physical health, however, this overlooks the way in which mental health problems can arise from 'deep places of pain and difficulty'. Therefore, the participant suggested it is legitimate that people may not want to 'wear this as their identity' and to challenge mental health stigma and discrimination. Some participants also noted that people in different positions may feel less able to challenge stigma and discrimination, for example, if they are unemployed and/or from a more marginalised community. Therefore, the See Me programme's intersectional approach was welcomed, and it was highlighted that the programme is playing a very important role in enabling people to challenge mental health stigma and discrimination. Participants often emphasised that

the support See Me provides and the programme's high-quality campaigns and resources have helped to have a big impact.

As noted in Section 3.2, the programme was praised for enabling people with lived experience to help raise awareness and challenge negative attitudes. Participants with lived experience valued the role of peer support in enabling them to challenge stigma and discrimination and suggested this approach could be further utilised.

4.5 Outcome 4: People in settings

People in the settings we work in recognise mental health stigma and discrimination and know how to challenge and take action against it.

As noted in Section 3.2, stakeholder survey respondents were asked to reflect on the impact of See Me and the extent to which they agreed with statements about challenging stigma and discrimination. As shown previously in Figure 4 and Table 7, a high proportion agreed that the **'people See Me works with are able to tackle mental health stigma and discrimination'** (70%), but a slightly lower proportion agreed that **'people are confident in challenging mental health stigma and discrimination'** (61%).

Consistently research participants stated that the See Me programme has progressed impactful work across a range of settings that the programme has worked with, including schools, universities, Police Scotland, and a range of other employers (as discussed in Section 3.4). People working in the settings supported by the See Me programme reported that the programme had a significant impact in enabling their setting to progress work on addressing mental health stigma and discrimination. This in turn has positively helped to contribute to employee health and wellbeing. One participant described the See Me programme as being a small team that has worked across multiple organisations like a **'healthy vine spreading shoots into so many settings'**.

Some participants advised that this outcome should be reworded to ensure a focus on all settings (not just those that See Me work in). A few participants suggested that the impact of the work could be expanded to wider settings by greater collaboration with others working on this agenda nationally, particularly to help reach settings that are not currently aware of See Me and/or are not as readily willing to engage. Related to this, it was noted that greater partnership working may help facilitate sustainability of impacts beyond the 'hand holding' role played by See Me.

As with the other outcomes, some participants highlighted that experiences are very different for people experiencing more complex and long-term mental ill health. It was advised that work on stigma and discrimination needs to be progressed across health services and the justice sector (as discussed in Section 3.4). However, many participants reflected that this is challenging to progress within mental health services given the pressures on the mental health system (discussed in Section 6.3).

4.6 Outcome 5: Leaders in key settings and organisations

Leaders in key settings and organisations create inclusive cultures and take action to tackle mental health stigma and discrimination.

As noted previously in Section 3.1, survey respondents were asked to rate whether they agreed with different statements about the impact of See Me. There were high levels of agreement that See Me has **'delivered effective communications and digital resources that support the reduction of mental health stigma and discrimination'** (83%) and **'worked to offer more inclusive and person-centred approaches for people with experience of mental health stigma and discrimination'** (77%).

Some participants believed this outcome is primarily focused on senior leaders and questioned if there should be a specific outcome focused on leaders (separate to outcome 4 above) as people at all levels of an organisation/setting have an important role. However, others reported that the programme engages with 'leaders' across all levels of an organisation so this outcome does not necessarily only refer to 'senior' leaders, rather it is focused on enabling people working at multiple levels to create the right conditions and prioritise tackling stigma and discrimination. For example, middle managers can play a critical role in creating a 'microculture'. See Me has developed and shared guidance for managers on how to support staff. One survey respondent stated: **"For organisations like the ones I've led, See Me has helped us move from good intentions to informed action — equipping staff to respond with empathy and understanding, and shaping policies that are genuinely inclusive"**.

Many participants reported that See Me has undertaken good work with leaders across a range of settings and organisations and has played a key role in helping leaders understand relevant legal obligations, as well as inspiring positive cultural change. Other participants suggested that the programme's work with leaders could be further increased to reach a wider spread of leaders and play a strategic role in helping leaders to champion and take ownership of the agenda. It was observed that both national government and the See Me programme have key roles to play with this agenda. It was also noted that there is an action to create a national collective on Stigma in the Mental Health and Wellbeing Strategy Delivery Plan (as detailed in Section 3.5.2 and Annex A).

Some participants observed that a key challenge is that leaders often move on and are replaced with people who do not have the same level of understanding, so there is a constant need to 'keep at it'. Therefore, it is not possible to say that this outcome or a particular setting has been 'cracked', there is a continued need to fund and sustain work on stigma and discrimination. In addition, it was observed that the agenda can be challenging or uncomfortable for some leaders at a time when they are also coping with a wide range of pressures.

4.7 Outcome 6: Policy and decision makers

Policy and decision makers on a national and local level resource, design and implement policies, systems and services that explicitly reduce mental health stigma and address discrimination.

As noted in Section 3.5, just over half (52%) of the stakeholder survey respondents agreed that **‘national and local decision makers are resourcing, designing and implementing policies, systems and services that explicitly reduce mental health stigma and address discrimination’**.

As outlined in Section 3.5, participants consistently stated that See Me has been effective in influencing national and local policy. The See Me programme is widely regarded as successful in driving progress on this outcome. Although, participants reflected that it is challenging to truly assess this outcome as it's harder to say whether policies, systems and services are being sufficiently resourced, designed and implemented to reduce mental health stigma and discrimination. Some participants commented that there is an implementation gap between desired change and practice on the ground but stated that this is beyond what See Me can control. A few participants, however, stated that the programme could do more to help drive this change.

The programme's key achievements regarding policy (as outlined in Section 3.5) were reported to be:

- influencing the national 'Mental Health and Wellbeing Strategy'¹⁰³ (2023) and other national strategies, drawing on the SMISS evidence
- incorporating lived experience within policy influencing work
- maintaining the profile of work to address mental health stigma and discrimination and continuing to influence policy makers and strategic developments
- supporting the agenda in local policy and local place-based approaches in Lanarkshire, Tayside, and Moray to implement change and contribute to improved health and wellbeing.

There were also some suggestions that See Me could:

- provide a clearer overview of their strategic direction and the work they are progressing to help alignment with approaches that others are leading
- increase engagement with wider organisations to integrate anti-stigma approaches within work being progressed by other organisations
- look to extend its reach across a wider range of local authority areas.

As with comments regarding progress on the other outcomes, some participants raised overall concerns about stigma and discrimination experienced by people with more severe and long-term

¹⁰³ Mental Health and Wellbeing Strategy, *Scottish Government*, (2023). [Link](#)

mental health conditions and argued that not enough is being done nationally or locally to address this. These participants feared the people impacted are being further marginalised.

5. Participants' views on the strengths and areas for development

As noted in the Introduction, an aim of the review was to explore what has and has not been working well across the programme during the current delivery period. Section 5.1 provides an overview of the strengths discussed by participants, and Section 5.2 outlines some areas for development suggested. The material outlined in these two sections is based on participants' discussion of the See Me impacts across the system (discussed in Section 3) and progress on outcomes (discussed in Section 4), as well as participants' broader reflections on the programme overall. Our research questions did not specifically include finance and governance issues, but some participants did raise these aspects of the programme as areas for further consideration and development. These views and suggestions are detailed in Sections 5.3 and 5.4.

5.1 Participants' observed programme strengths

Participants often commented that the programme is achieving a lot with a small team. Participants consistently stated how much they valued and appreciated the work of See Me, and stated they would like the programme to continue what it is doing. Participants valued the impact the programme it is having: **"See Me offers support, information and leadership in work to challenge mental health stigma. This is foundational to work to improve the lives of people with mental health conditions. See Me's leadership enables other organisations to assist and lend weight to the arguments, but also to build anti-discrimination and anti-stigma approaches into their own work."**

A range of key strengths of the programme were consistently highlighted by participants during the discussion of the system impacts and progress on outcomes, as well as their more general reflections on the programme. These key strengths are detailed below:

- **Brand:** Consistently participants stated that See Me has a strong, long-standing brand identity, which continues to be well respected and promoted.
- **Evidence and research:** See Me is widely recognised by participants at being very good at taking an evidence-based approach to all its work. In particular, participants praised the way that See Me collaborated with others internationally and in Scotland to develop the SMISS at pace. This research is highly valued by participants as high-quality and informative. See Me were praised for using the findings to influence national policy development. It was also

noted that See Me continues to develop the evidence base, for example, the research on stigma by association experienced by mental health nurses. Participants involved in undertaking or using research valued the ongoing support and information provided by the See Me team, and the way they continue to help with research developments on mental health stigma and discrimination.

- **Expertise and strong reputation:** Participants often commented that See Me has a long-standing, strong reputation as leaders on the anti-stigma agenda in Scotland, the UK and internationally. Participants stated that See Me is a recognised, international leader and respected source of expertise about how to have impact across different levels of the system. One participant observed that the programme is following all of the international best practice on stigma reduction (e.g., World Health Organisation (WHO) Mosaic toolkit¹⁰⁴ and Lancet Commission¹⁰⁵) and therefore have all the 'right levers' in place for facilitating system change. The See Me Director and wider team members were reported to be respected as experts and leaders in the field. Many participants valued the way in which members of the See Me team have been generous with their time and expertise to help people working in Scotland and in other countries to progress the agenda. It was noted that See Me has a strong international reputation and networks: **"As part of the Global Anti-Stigma Alliance and at the World Psychiatric Association Together Against Stigma conferences, See Me has been a leading member of international attempts to tackle stigma and discrimination."**
- **Campaigns:** The programme's campaigns were often highlighted as a key strength. The campaigns were reported to be high-quality and well-respected, helping to keep the agenda visible and continuing to drive progress. As noted in the previous sections a range of campaigns were discussed and praised by participants. Participants often referred to the 'Time to Talk' campaign, which is particularly valued for being a well-established and impactful campaign.
- **Collaboration:** Participants often praised the very strong relationship building and partnership working approach adopted within the programme. The See Me Director and wider team members were often noted to be very helpful, supportive, and approachable. Participants reported that See Me works collaboratively to champion change and to support others to lead and progress change across a range of communities and groups, workplaces, and other settings. The work with the education sector was often highlighted as a good example of this collaborative approach.

¹⁰⁴ Mosaic toolkit to end stigma and discrimination in mental health, *World Health Organisation*, (2024). [Link](#)

¹⁰⁵ Thornicroft, et al. (2022). The Lancet Commission on ending stigma and discrimination in mental health, *The Lancet Commissions*, Volume 400, Issue 10361. [Link](#)

- **Lived experience:** A wide range of participants, and in particular the lived experience participants, stated that See Me is particularly good at involving and supporting people with lived experience. It was noted that lived experience volunteers involved with the programme are supported and provided with a range of different opportunities to share their experiences, to help influence decision makers, and to support others experiencing mental health difficulties. Lived experience participants valued the strong relationships they had built with members of the See Me team and the way in which this has helped lived experience volunteers with their own mental health, as well as to help others and to garner further support for the agenda.
- **Intersectional approach:** Some participants noted that the intersectional approach adopted by the programme is a particular strength as it frames mental health and stigma and discrimination in the political and social context.
- **Policy influencing:** Participants consistently highlighted that See Me is good at drawing on evidence and experience, including SMISS study and lived experience learning, to influence policy. In particular, See Me was praised for influencing the Mental Health and Wellbeing Strategy and other national policy developments; as well as supporting local policy developments and place-based approaches across a number of localities.
- **Resources and training:** There was near universal recognition from participants that See Me has developed high-quality resources and training that are being widely shared and used. Participants working across a range of different settings advised that the resources and training are helping them and others to maximise impact on addressing mental health stigma and discrimination: **“They are leading the way by making materials of a very high quality that makes it easy and accessible for different target groups to work with stigma and discrimination. They are also creating a movement and a culture of openness, inclusion, and dignity around mental health conditions.”**
- **Whole system approach:** Participants often noted that See Me is working simultaneously across lots of different levels of the system. It was recognised that such a whole system approach is needed to help best address mental health stigma and discrimination.

5.2 Participants’ suggested areas for development

Participants made some suggestions for how the See Me programme could potentially improve or strengthen its approach going forward, when discussing the impacts across the system and progress on outcomes, and more general reflections about the programme overall. When asked about areas for development and suggestions for the future direction of the programme, participants often expressed hope that this current review of the See Me programme would be about building on the positives and exploring how everyone can work together on this challenging agenda going forward.

The areas for development suggested are detailed below:

- **Clarity of aims and approach:** Some participants suggested a review and revision of the six medium-term outcomes, to help provide greater clarity about what these are and the milestones for achieving them. There were also some participants who suggested that it would be helpful to have further clarification about the different system levels being addressed and how each is being influenced. Some participants were also uncertain about the programme's overall approach and aims. For example, some participants were unsure whether a whole population or targeted approach is being adopted, or if it is a mix of these or a 'bottom-up' approach. Some participants called for further development of community-led and volunteer-led activities and initiatives, and some called for a greater focus on wider system change.
- **Focus on action:** Some participants suggested that See Me could build on its existing strong branding and communication to make the messaging even stronger or 'hard hitting' about what is meant by 'stigma', the need for action, and addressing the 'so what?' question (e.g., why stigma and discrimination need to be tackled, and the interrelationship with human rights). One participant also suggested that See Me could help to provide vehicles for people to report negative experiences of mental health stigma and discrimination.
- **Partnership working:** One participant highly valued their existing partnership with See Me, but also suggested that there could be even greater collaboration with voluntary sector organisations and the See Me programme could further '*lean in*' to the support that organisations in the sector can provide, (e.g., help connecting with and amplifying the voice of people with lived experience). A few participants suggested that See Me could further build on its existing good reputation and resources to further collaborate with organisations, particularly those with a national remit, that can help spread the agenda and facilitate impact at scale (e.g., potentially enlisting senior champions across these organisations). They noted that this would be helped by progressing the action to form a national anti-stigma collective, detailed in the Mental Health and Wellbeing Strategy delivery plan.¹⁰⁶
- **Priorities:** Participants often recognised that the See Me team is very stretched and there are limitations to the capacity to pursue additional work but there were a number of suggestions for areas that See Me should have a priority focus on, these included:
 - people with mental illness
 - people with mental health and substance use co-morbidities
 - health services
 - justice sector (in particular prisons)

¹⁰⁶ Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025, *Scottish Government*, (2023). [Link](#)

- some community and priority group participants would also welcome further engagement and collaboration with drug and alcohol users, the LGBT+ community, and racialised communities.
- **Sharing progress and good practice:** A few participants stated that it would be good if See Me could share and promote the progress that the programme and partners are achieving. It was suggested this could include communicating examples and case studies of good practice throughout the year (rather than an annual impact report), so that See Me are sharing what is working well and how to overcome challenges etc. In addition, one participant suggested a training package could be developed for line managers to roll out in their organisations.
 - **Spread and scale:** A few participants advised that going forward, See Me should look to facilitate greater spread and scale of impacts across more communities and groups, local authority areas, and nationally. It was thought that this could be progressed through further collaboration, engagement and partnership working with other organisations. It was also suggested that See Me should implement and spread existing good work more widely (e.g., expand the work with schools, colleges, and universities across the whole sector). Related to this viewpoint, one survey response stated: **"As See Me's work has largely focused on smaller scale projects and achieving change within local areas and with specific organisations, we do not feel this work has influenced the larger structural and systemic changes in the key settings outlined by the SMISS study that we know are needed."**

A small number of participants also identified some collective challenges for the system / Scotland as a whole, where it was thought See Me could play a key role, although not be directly responsible. These were:

- **Children and young people:** Increase understanding about children and young people's experiences of poor mental and stigma, to help inform related action.
- **Data and evidence:** National development of data and evidence to help track long-term behaviour change, gauge progress on the outcomes, and provide insights about which people across Scotland are most impacted by stigma.
- **Intersectional approach:** It was advised that intersectional work needs further development across all organisations and the whole system in Scotland. This was not raised as a particular action point for See Me, as it was noted that See Me is progressing an intersectional approach which they can build on, rather it was a call for all in Scotland to make greater progress on this.

5.3 Programme funding

As noted in the Introduction, the Scottish Government provides annual funding of £1 million for the See Me programme. Consistently participants valued the fact the Scottish Government funds a

national programme to address mental health stigma and discrimination: **“If there was no national programme like See Me then I suspect the experience of people with mental health problems would suffer. The visibility of the campaigns along with the use of resources continue to raise the profile and give people a voice.”** Some participants stressed that the importance of continuing to fund the programme as it is more important than ever given the broad societal challenges participants observed (detailed in Section 6.3 below).

Some participants suggested that in this current financial context, See Me needs to maximise opportunities within the existing budget, for example, by further developing connections and partnerships with other organisations aligned with the agenda; and/or identifying and focusing on the groups most at risk of mental health stigma and discrimination.

Other participants, however, advocated for an increase in funding for the See Me programme, given that the budget has stayed the same for the last five years and there are continued and additional challenges in relation to stigma that need tackling. Some drew contrasts between funding for See Me, and mental health related challenges overall, compared to the levels of funding provided for other issues that drive poor health. It was argued that the See Me programme should be understood as being part of a preventative, public health agenda. One participant stated that increased funding from the Scottish Government is required to properly follow the population science and progress all three aspects of evidence-based anti-stigma work: 1) awareness raising, 2) increased public knowledge, and 3) behaviour change.

Some participants reflected on the fact that the funding for See Me now comes solely from the Scottish Government¹⁰⁷ and expressed concern that this potentially impacts on the independence of the programme, for example, if lived experiences and/or evidence indicates different actions are required to those being implemented by the government at the time. In addition, there was a concern that government programme reporting requirements can impact on capacity, for example, with time spent on monitoring and reporting rather than ‘doing’.

Some participants suggested that opportunities could be explored for See Me to be able to fundraise and generate its own income (e.g., in other countries organisations pay for anti-stigma training and/or resources in some circumstances). However, it was noted that this would not currently be possible as See Me is a managed programme, rather than a charity. It was noted that there are other models of organisations that operate as a small, independent charity, with governance support from a larger organisation.

5.4 Programme governance

A number of participants suggested that there needs to be a review of the managing partner arrangements and the Scottish Government sponsorship arrangements before the next delivery

¹⁰⁷ During the previous delivery period there were two additional funders: Big Lottery and Comic Relief.

phase of the programme, including addressing the questions of **‘what is the most effective and efficient way to run See Me?’ and ‘how can we best facilitate a national approach to addressing stigma?’**.

Some participants reflected that the programme managing processes and responsibilities have become less clear over time (since the 2013 re-founding exercise) and noted that there has been an increase in Scottish Government reporting requirements and involvement in programme decision-making following publication of the 2023 Mental Health and Wellbeing Strategy Delivery Plan¹⁰⁸. Some also suggested that there may be benefit in the sponsorship team being located in a different part of the Scottish Government (rather than its current location within the Wellbeing and Prevention Unit in the Mental Health Directorate); suggestions included teams focused on mental health services, mental health workforce or mental health strategy, or a team within the Public Health Directorate.

Some of the budget for the See Me programme is paid directly to SAMH and MHF for their roles as managing partners. It was suggested it would be helpful to look at the benefits gained from this funding and to review the respective roles of the two managing partner organisations and (as discussed above) how this arrangement works in practice alongside the role of the Scottish Government sponsorship team.

Some participants commented that it is a good model to have the MHF as a managing partner undertaking a research and evaluation function. Some participants were interested to know more about how this has benefited the programme to date or how MHF could support collection of data in the future to help gauge progress. However, one participant questioned the ability of the MHF to independently evaluate given they have a self-interest as a managing partner receiving funding from the programme.

6. Broader delivery context

The current See Me strategy was launched in 2021 at a time when there was significant uncertainty in relation to the Covid pandemic and we are still understanding some of the consequences for mental health and society overall. As noted in Section 1.3 regarding the methodology, key documents were reviewed, including relevant policy and practice developments, **to help provide a brief narrative about the wider context within which the See Me ‘With Fairness in Mind’ strategy has been delivered**. This section details some key national policy (Section 6.1) and practice developments (Section 6.2) that have taken place during the programme’s current delivery

¹⁰⁸ Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025, *Scottish Government*, (2023). [Link](#)

period. Some broader societal trends and developments that are likely to be impacting on the delivery context are also outlined in Section 6.3, detailing both participants' views and evidence from published sources.

6.1 Key national policy developments

During this current See Me delivery period, since 2021, there have been the following key national policy developments related to mental health support and stigma (listed in date order):

- The **Creating Hope Together: suicide prevention strategy 2022 to 2032**, published in September 2022, sets out a vision to reduce the number of suicide deaths in Scotland by tackling the inequalities which contribute to suicide¹⁰⁹. The strategy is jointly owned by Scottish Government and Convention of Scottish Local Authorities (COSLA). The strategy states that all sectors must come together in partnership, and support communities so they become safe, compassionate, inclusive, and free of stigma. One of the six guiding principles for the strategy is focused on reducing the stigma of suicide. The strategy sets out for key priorities, and the second priority includes an action to continue campaign work to address stigma and raise awareness.
- The **Mental health and wellbeing strategy** published in June 2023 sets out Scottish Government and COSLA's long-term vision for a *"Scotland free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible"*¹¹⁰. It details nine outcomes which describe the differences or changes that are intended to be achieved as a result of the Strategy. The second outcome is: "Improved quality of life for people with mental health conditions, free from stigma and discrimination." To achieve these outcomes the strategy has three areas of focus, including to **"promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination", as well as to **prevent** and to **provide** mental health and wellbeing support and care. In order to support a long-term approach this strategy is not time limited but has an associated Delivery Plan (see below) detailing the specific actions and when they will be taken. The strategy details the key priorities the actions will be focused on including a priority to ***"Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require"***. Although as detailed in the strategy, addressing stigma and discrimination is crucial for achieving many of the strategy's priorities to help promote positive mental health and wellbeing, prevent mental health escalating, and help ensure people access the right support.

¹⁰⁹ Suicide Prevention Strategy – Creating Hope Together, *Scottish Government*, (2022). [Link](#)

¹¹⁰ Mental Health and Wellbeing Strategy, *Scottish Government*, (2023). [Link](#)

- The **Mental health and wellbeing Strategy: delivery plan 2023-2025**, published in November 2023, sets out the actions being taken to make progress towards delivering the outcomes and priorities identified in the Strategy¹¹¹. It includes a wide range of actions involving See Me (listed in Annex A).
- The **Mental health and wellbeing: workforce action plan 2023-2025**, published in November 2023, builds on the Mental Health and Wellbeing Strategy and sets out how the Scottish Government and COSLA will drive progress on the strategy aim to support the development of a mental health and wellbeing workforce which is diverse, skilled, supported and sustainable. The vision for the current and future mental health and wellbeing workforce is that they are supported to provide effective, person centred, trauma-informed, rights-based compassionate services and support. Consultation on the strategy identified a need to challenge stigma associated with working in mental health roles. The plan includes actions to focus on considering ways to tackle stigma in relation to attracting people to mental health and wellbeing roles, and to produce targeted communication on mental health and wellbeing, that addresses issues around stigma, to ensure all stakeholders have access to information they need to support themselves or others.
- The **Self harm strategy and action plan 2023 to 2027**, published in November 2023, is Scotland's first dedicated self-harm strategy and action plan which aims for anyone affected by self-harm, to receive compassionate support, without fear of stigma or discrimination¹¹². The first of the three priorities set out in the plan is to "continue to expand and deepen knowledge and embed compassionate understanding of self-harm and tackle stigma and discrimination". The strategy is jointly owned by Scottish Government and COSLA.

6.2 Key national practice developments

A range of practice developments have been progressed in Scotland since 2021 which are helping to facilitate increased levels of confidence in people across the population to support individuals who are experiencing mental health difficulties, these include:

- **The Time Space Compassion – supporting people experiencing suicidal crisis: introductory guide** was published in March 2023¹¹³. It outlines the relationship and person-centred Time Space Compassion approach for use by people and services who regularly come into contact and support people experiencing suicidal crisis. This includes examples of how the approach can help to create opportunities to reduce stigma and support recovery.

¹¹¹ Mental Health and Wellbeing Strategy: Delivery plan 2023-2025, *Scottish Government*, (2023). [Link](#)

¹¹² Self Harm Strategy and Action Plan 2023 to 2027, *Scottish Government*, (2023). [Link](#)

¹¹³ Time Space Compassion – supporting people experiencing suicidal crisis: introductory guide, *Scottish Government*, (2023). [Link](#)

- **Core Mental Health Quality Standards** were published in September 2023¹¹⁴. These core standards support adult secondary services with the aim of improving quality and safety of mental health services for people in Scotland. It details standards for 'Assessment, care planning, treatment and support', including that people can expect to get the health they need in a compassionate environment which is free from stigma. It also includes standards for 'Access' which will be supported by "Work to reduce stigma and barriers to accessing support, care and treatment. This will include consideration of inequalities related to cultural, ethnic, and other protected characteristics."
- The **Distress Brief Intervention (DBI)** service¹¹⁵, initially launched as a pilot in 2016, completed its national rollout in 2024, with announcement in November 2024 that all 31 of the Health and Social Care Partnerships had signed up to the programme¹¹⁶. The DBI service provides support to people who present to emergency services or in primary care settings in a distressed state. It helps to reduce public and self-stigma through training frontline staff and improving access and positive outcomes for people in emotional distress. As noted in Section 2, See Me has worked with the DBI team from the outset to embed a focus on stigma.
- The **Mental Health Pathway** was developed in 2024 as a partnership between NHS 24, Police Scotland, and the Scottish Ambulance Service to streamline how patients receive mental health support¹¹⁷. The NHS 24 directs people seeking urgent mental health support are to the most appropriate service for their needs.

6.3 Broader developments

In conjunction with the policy and practice developments, there have been a range of broader, societal developments during the current See Me delivery period which are likely to have had an impact on delivery of the programme. Some overarching trends and related information are detailed below, based on the desk review as well as the qualitative research with participants which explored their thoughts on broader factors that may have impacted delivery of the programme.

6.3.1 Covid pandemic

Participants observed that implementation of the current See Me strategy, launched in September 2021, will clearly have been impacted by the covid pandemic and after-effects. As noted in discussion of Outcome 1 (Section 4.2), the pandemic was reported to have had a positive impact in terms of increasing people's awareness of mental health and ability to talk about mental health.

¹¹⁴ Core mental health standards, *Scottish Government*, (2023). [Link](#)

¹¹⁵ Connected Compassionate Support, *Distress Brief Intervention*. [Link](#)

¹¹⁶ Enhanced support for people in emotional distress, *Scottish Government*, (2024). [Link](#)

¹¹⁷ Mental health services at NHS 24, *NHS Inform*, (2025). [Link](#)

However, it was also noted that there were negative impacts on mental health for some people who were at greater risk of experiencing difficulties, related to their protected characteristics and life circumstances (e.g., having less support structures).

Evidence sources report that the Covid-19 pandemic brought additional pressures on the population's mental health¹¹⁸. National lockdowns meant that people were more isolated from family and friends, and access to support and services was impacted. There were increased rates of anxiety and depression, particularly among groups where pre-existing mental or physical health conditions were present. The Scottish Health Survey showed that mental wellbeing among adults was lower in 2021 than in 2019, and that 22 per cent of adults may have a psychiatric disorder, an increase from 17 per cent in 2019¹¹⁹. Children and adolescents also reported negative impacts on their mental wellbeing during the pandemic, and parents and carers reported negative impacts on the wellbeing of their children (aged 0 to 11 years), especially for low-income families¹²⁰. Audit Scotland note that activity across a range of mental health services decreased during the first few months of the Covid-19 pandemic, but most have since returned to at least pre-pandemic levels.

The 'Mental Health in the Pandemic study' found that one year from the first COVID-19 lockdown that the crisis had a wide and deep emotional impact on Scottish adults¹²¹. The study showed that loneliness and hopelessness increased; whilst young adults, full-time students, single parents, people who are unemployed, and those with pre-existing problems with the mental health continue to be significantly more likely to be feeling distressed, across a range of measures, compared with Scottish adults more generally.

6.3.2 Fiscal pressures and cost of living crisis

Some participants noted that the most significant challenge during this current period is the financial climate and the budget constraints being experienced across the public and third sectors. Some participants noted that a whole range of sectors and services are experiencing significant resources pressures and therefore it is a difficult time to be progressing any type of improvement agenda. Several participants observed an overall trend of reduced budgets and cuts to funding, which from their perspective are an example of the increased structural stigma that some people and groups are experiencing.

Participants also discussed the cost-of-living crisis. It was noted that the cumulative impacts of the pandemic and cost-of-living crisis are having a knock-on negative impact on mental health, particularly for people who experience socio-economic disadvantage. These challenges were reported to be leading to pressures across services, in particular education and health and social

¹¹⁸ Adult Mental Health, *Audit Scotland*, (2023). [Link](#)

¹¹⁹ The Scottish Health Survey 2021, *Scottish Government*, (2022). [Link](#)

¹²⁰ Mental Health and Wellbeing Strategy: Evidence Summary, *Scottish Government*, (2023). [Link](#)

¹²¹ Impact Report 2020-2021, *See Me*, (2021).

care services, and be constraining the capacity of organisations to progress work to help address the challenges people are experiencing.

An Audit Scotland report¹²² (2023) highlighted that persistently high levels of poverty and financial hardship is increasing pressure on local services, at a time when councils' finances are under severe strain. The 2024 Life in the UK index (produced by Carnegie UK) provided evidence about what life is like for people in Scotland. It found that people living in Scotland are struggling with rising inequality and deepening poverty¹²³. Income inequality was found to be the biggest driver of poor wellbeing via its influence on issues such as housing tenure, household income and area deprivation. Carnegie UK also expressed concern about the impact of entrenched poverty on children and young people, with one in four children in Scotland living in poverty.

Poverty and the cost-of-living crisis will be impacting mental health, since high levels of poverty, financial hardship and pressures on local services put people at a greater risk of experiencing poor mental health¹²⁴. Furthermore, people living with mental health conditions, or previous experience of mental illness, can find it hard to secure employment that meets their needs in an already competitive work market¹²⁵.

6.3.3 Increasing mental health awareness

Participants reflected that there has been a growing awareness of mental health issues over recent years, related to the covid pandemic (as discussed above), but also the fact that younger people are increasingly more aware of and discussing mental health. This was noted to be especially the case with young people being open about mental health on social media, and that as a result, other young people can find it helpful to see it destigmatised and that people are being open about it. Some participants suggested that there are potentially greater opportunities for societal change going forward as the current generation of young people know more about mental health and wellbeing than previously. Related to this, however, there was also a concern that mental health can be spoken about flippantly, so care needs to be taken not to dilute the message and ensure that mental health and related stigma and discrimination are taken seriously.

Some participants noted that there appears to be increasing polarisation of awareness and views about mental health, with increasing knowledge, understanding, and acceptance on the one hand, and increasing scepticism on the other. For example, it was noted that some people on social media appear to be increasingly claiming that mental illness is not a 'real thing', this was noted to be part of an overall trend of increased discrimination and negative language (discussed in Section 6.3.4).

¹²² Local government in Scotland, *Audit Scotland*, (2023). [Link](#)

¹²³ Life in the UK 2024 Scotland, *Carnegie UK*, (2024). [Link](#)

¹²⁴ Mental health and the cost of living crisis: another pandemic in the making?, *The Mental Health Foundation*, (2023). [Link](#)

¹²⁵ Mental health in and through work, *Public Health Scotland*, (2025). [Link](#)

One participant suggested that broader advertising on mental health would be helpful, focused on informing the general population about the steps they can take to look after their own mental health (e.g., diet, exercise, reducing alcohol etc.) and does not always require medical advice. It was stated that this would help save resources for people who are mentally ill and need medical intervention, and at the same time raise awareness of stigma and discrimination.

6.3.4 Mental health system pressures

Participants spoke about increasing demands on mental health services, both related to increased awareness of mental health and increased mental health difficulties. Some participants reflected that mental health awareness may have increased, but there has not necessarily been a corresponding increase in investment in mental health help. They called for greater investment in the mental health system overall.

Some participants spoke about the mental health system being under significant pressure or being 'broken' or in 'crisis', although some cautioned against using such terms as it risks becoming accepted as 'the way things are'. Some participants discussed problems that they perceive are currently occurring within the mental health system, in terms of:

- increased waiting times for adult mental health services
- long waiting lists for child and adolescent mental health services (CAMHS)
- people's experiences of services getting worse
- people being held in hospital for longer.

It was noted that these experiences can exacerbate and contribute to self-stigma for people experiencing mental health difficulties, for example, they may reach out for help but then not feel supported or have negative experiences which make them feel even worse. It was argued that such experiences within the mental health system do not demonstrate to people with mental health problems that they experience the same level of action and support as people experiencing physical health problems. It was also noted that these pressures within the system can lead to people within the mental health workforce feeling stressed or 'ground down', which in turn can impact the care provided to people experiencing mental health problems: **"...there are so many things which send the message that if you've got a mental health problem, you're at the bottom of the pecking order."**

A recent government horizon scanning project¹²⁶ identified that common mental health conditions are increasing, especially in young people, and that neurodivergence diagnoses are increasing, particularly among adults and girls. In addition, the report highlighted that the NHS is under pressure with increasing demand and workforce pressures being a major challenge.

¹²⁶ Future Trends for Scotland: findings from the 2024-2025 horizon scanning project, *Scottish Government*, (2025). [Link](#)

NHS 24 data provides some indication of recent trends in demand for mental health services. It publishes weekly and yearly data on the number of calls received for the mental health hub support services and breathing space. From 2020/21 to 2023/24, the Mental health hub calls have been slightly increased, and the calls to Breathing Space have seen a 77% increase in the past four years¹²⁷. However, it is not possible to pinpoint what is contributing to this. As well as increases in demand, it could also reflect more positive developments of greater awareness raising and people feeling comfortable seeking help.

The report on adult mental health prepared by Audit Scotland (2023)¹²⁸ stated that the Scottish Government does not have sufficient oversight of most adult mental health services because there is a lack of information around the measuring and tracking of quality of care or outcomes. It was reported that this is alongside the difficulties some people face in accessing mental health services, such as those from ethnic minorities, people living in rural areas, and people in higher areas of deprivation.

In the Programme for Government 2025-26 the Scottish Government committed to:

- Improving mental health support for young people – clearing CAMHS backlogs and meeting the 18-week standard nationally by December 2025 – backed by £123.5 million recurring funding for mental health.
- Improving access to adult mental health treatment – expanding the NHS 24 Mental Health Hub, by December 2025, to provide access to digitally enabled psychological interventions and therapies for people who may benefit from early treatments.
- Continuing to build on the offer of adult mental health early intervention and prevention support in local communities, through the Communities Mental Health and Wellbeing Fund for Adults, with a further commitment of £30m funding until 2027.

6.3.5 Cultural/political shift in attitudes

Consistently participants discussed a global trend of increased negative and discriminatory comments regarding mental health, neurodivergence, immigration, disability, and LGBT+ people. Related to this it was noted that there has been increased 'othering' of marginalised people and increased rhetoric about people considered 'worthy' or 'not worthy' of support and inclusion in society. In addition, there were concerns about the way that some dismiss the feelings and experiences of children and young people. As part of these overall trends, some participants stated that attitudes about mental health appear to be 'hardening' and that people with complex mental illness and people with mental health and substance use co-morbidities report that stigma has gone backwards, and they feel more stigmatised than in previous years.

¹²⁷ Annual Accounts, *NHS 24*, (2024). [Link](#)

¹²⁸ Adult Mental Health, *Audit Scotland*, (2023). [Link](#)

Negative developments in the USA and UK were often highlighted in terms of the language used by politicians, journalists, high-profile people, and across social media more generally. However, some participants reflected that this trend is not as apparent in Scotland as other places. Although, others stated that the rise in racism and the trans debate in Scotland are indicative of a lack of 'tolerance of difference' in our society. One participant argued that we should be doing more in Scotland to counter these trends (with See Me's anti-stigma approach playing a key role in this) and ensure people's rights are protected and discriminatory attitudes tackled: **"We have set up some of the best legislation and best institutions to protect rights and we don't use them often enough and they're now under threat."**

Although participants agreed that the shifts in attitudes and language is hugely concerning, it was also suggested it presents an opportunity for increased activism and collaboration, for example, for See Me and others to help amplify the voice of people and communities negatively impacted. Some participants also reflected that there is lots of good work going on across charities, social enterprises, workplaces, and others in supporting people experiencing mental health difficulties and other life challenges, including challenging negative attitudes and discrimination.

7. Conclusion and recommendations

We have reviewed documents, publications and data related to this current delivery period, and we have heard from a wide range of people with varying levels of involvement with the See Me programme. It is clear that See Me has a strong reputation and track record, with people and organisations highly valuing the programme's training, resources, collaboration and leadership. During this delivery period See Me has progressed a wide range of impactful work with individuals with lived experience, communities and groups, workplaces, organisations and sectors, local partnerships, and policy leads. The programme is driving progress across all the different levels of the system and on the six outcomes set out in its strategy. However, the lack of national data means it is not possible to assess trends and the impact of progress at a societal level.

There have been some key policy and practice developments during this delivery period that are supportive of the agenda, to a large extent due to the support and influence of See Me. However, this has also been a challenging period in which to exert influence and challenge stigma and discrimination, with the current strategy being launched a time of post pandemic uncertainty, followed by a period of fiscal pressures, and continued shifts in cultural and political attitudes. The key question now is how to build on the strong work to date to maximise impact and drive the greatest progress on tackling mental health stigma and discrimination in this challenging context. We heard some suggestions from participants on this and we also heard some calls for clarity of approach.

As noted in the Introduction, a review aim was to develop recommendations for the future of anti-stigma and discrimination work in Scotland. We outline eight key recommendations below.

1) Continue the mental health anti-stigma and discrimination agenda in Scotland.

There is clearly a strong need to continue this agenda in Scotland, given the detrimental impacts of stigma associated with mental health conditions on people's health and across all aspects of their lives. Many challenges remain and are at risk of increasing in the current context. As the WHO Mosaic toolkit to end stigma and discrimination in mental health¹²⁹ outlines, reducing stigma and discrimination in mental health can help people feel more accepted in their communities, more capable at work and more optimistic about the future. It can benefit families, societies, and economies. Crucially, stigma reduction can reduce social exclusion and isolation, enable people to get help to recover, improve access to physical health care, and reduce premature mortality. The SMISS¹³⁰ identified a range of ways in which stigma and discrimination have profound and enduring impacts, including for example, rejection by family and intimate partners, forced early retirement, redundancy, being forced to take medication, feeling ignored in GP and mental health settings, and facing barriers to accessing welfare and housing support.

2) Continue the See Me programme, with a review of funding and governance arrangements.

It is crucial that a national anti-stigma and discrimination programme continues to be funded in Scotland. This should be a continuation of the See Me programme given the expertise, strong reputation, and leadership it has provided and continues to provide. However, there should be a review of the funding and governance arrangements given some of the complexities that have been highlighted by some participants. It is important that these issues are considered and addressed prior to the end of this current delivery period, to avoid any disruption to the continuation of work on this agenda. It will be helpful if this review has an overarching emphasis on how to most effectively and efficiently progress a national approach to addressing mental health stigma and discrimination.

3) Continue to work with experts by experience and profession to learn from and act on their experiences and expertise.

We have heard from a range of review participants, including See Me's lived experience volunteers, about the central importance of having lived experience at the heart of an anti-stigma discrimination programme. It is crucial that this remains a central feature of the programme going forward. There are also a wide range of individuals in Scotland and other countries with long standing professional expertise in addressing mental health stigma and discrimination, who have the knowledge and experience to best advise on the actions that will help progress anti-stigma and discrimination in Scotland. It is therefore important that the learning and recommendations collated through the Expert Group process, and any other routes for collating expert advice, feed into any developments of anti-stigma and discrimination work going forward.

¹²⁹ Mosaic toolkit to end stigma and discrimination in mental health, *World Health Organisation*, (2024). [Link](#)

¹³⁰ The Scottish Mental Illness Stigma Study, *See Me*, (2022). [Link](#)

4) Continue to progress a whole system and intersectional approach to tackling mental health stigma and discrimination in Scotland.

The See Me programme clearly aims to take a whole system approach to tackling mental health stigma and discrimination, and as outlined in this review is reported to be working across and driving progress across all levels of the system. However, this is challenging work on a complex agenda so further collaboration and partnership is needed to drive greater progress (as per the recommendation below). It is important that this remains a whole system approach given the strong evidence from the SMISS that experiences of stigma and discrimination span wide aspects of people's lives across personal, public, and professional spheres. The SMISS found that the five most commonly reported life areas where stigma and discrimination had the greatest impact on respondents' lives were: relationships, employment, mental healthcare services, healthcare services, and social media. It is clearly important that the Mental Health and Wellbeing Strategy has a strong focus on addressing stigma and discrimination, and it is important that this agenda is embedded across a range of national strategies and approaches, for example, in the implementation of Scotland's Public Service Reform Strategy¹³¹.

As part of a whole system focus, it is important that See Me continues to progress and develop its intersectional approach, which was particularly welcomed by participants from community and priority groups. This is crucial since experiences of mental health and stigma differ for different individuals and groups, influenced by cultural contexts and multiple, overlapping individual characteristics (including disability, gender, race, socioeconomic position, sexual orientation).

5) Foster a collective, national agenda and partnership approach.

No one programme or organisation can end mental health stigma and discrimination alone. It is crucial that this is recognised as a collective agenda across Scotland. Although the See Me programme can continue to provide leadership and expertise and progress a wide-range of actions, it is important that a partnership approach is progressed with all recognising that they have a key role to play in tackling stigma and discrimination. It is clear from many review participants that there is a keen appetite to collaborate and support this agenda. Suggestions have included further partnership with the third sector to support lived experience engagement and involvement, and partnership with public sector organisations with a national remit. In addition, some have reflected that some of the achievements and good practice to date could be further extended, for example, the education sector work could be progressed across more schools, colleges and universities, and local place-based approaches could be progressed across many more local areas.

Opportunities should be explored for greater partnership working with COSLA and the Improvement Service and others to spread the reach of See Me and the agenda across local authorities. In addition, opportunities should be explored to continue or develop collaboration with organisations with a national remit, such as Education Scotland, Mental Welfare Commission for

¹³¹ Scotland's Public Service Reform Strategy: Delivering for Scotland, *Scottish Government*, (2025). [Link](#)

Scotland, NHS Education for Scotland, Healthcare Improvement Scotland, Public Health Scotland, and others.

6) Clearly communicate the aims, priorities, and desired outcomes of the See Me programme.

Adopting a whole systems approach, as is required for this agenda, is complex and can make it difficult to ensure that all individuals and organisations have a clear understanding of the aims and priorities. Some participants have reflected during this review that they are uncertain about some of the programme's aims, priorities, or outcomes. Clear communication on these is important to support Recommendation 5, to foster a collective agenda and further build partnership working to drive progress.

The ultimate aim of this programme and agenda is that no one in Scotland suffers stigma and discrimination due to their mental health. It is not straightforward to identify and communicate the approach, priorities, and milestones for achieving this, but a review and refresh of the strategic statements and communication to date will be important for the next delivery phase. The views shared during this review suggest the following is needed:

- A national, whole system and intersectional approach is important (as per recommendation 5) and within this overall approach, a focus is needed on progressing collaborative work with: lived experience volunteers, further community and priority groups, employers and workplaces, sectors and services, local areas and place-based approaches, and national policy/practice. Given the scale of this some priorities will need to be identified, in conjunction with approaches for partnership working to help support and drive progress. Some participants have called for a priority focus on people with mental illness and people with mental health and substance use co-morbidities. In addition, some participants highlighted health and justice as important priority sectors for future work. Some participants also advised that work with drug and alcohol users and racialised communities needs to be further developed.
- The current set of six medium-term outcomes should be reviewed, and the wording of the individual outcomes. In addition, it would be helpful to set out the milestones or goals that need to be achieved to work towards the outcomes.
- Some participants are unclear about whether the programme is prioritising a general population focus or work with community and priority groups, so it will be good to address this in future strategic communication. Some participants are also unsure whether national advertising campaigns (aimed at the general public) are part of the programme's plans, so it will be helpful to have a specific statement on this.

7) Collate and share best practice.

See Me clearly has a wealth of effective campaigns, resources, and training, and experience of how to effectively collaborate to implement change. It will be important to have a strong emphasis in the programme going forward in collating and sharing best practice, to enable others (as part of the partnership approach) to build on this learning to drive progress within communities,

organisations, sectors, local areas and nationally. It may be helpful for planning the next delivery period to consider the future arrangements for annual and mid-year reporting, to maximise the time spent on reporting on impacts to ensure this has a strong focus on collating and sharing best practice in a way that can be easily understood and adopted by others.

8) Develop national data and evidence to better understand progress on the agenda.

As highlighted in this review, there is currently a lack of national data to understand mental health stigma and discrimination in Scotland. It is important to develop data to better understand the nature and scale of the issues and to track progress over time. There are issues to think through regarding data collected through routine and administrative data, ongoing surveys, and/or less frequent surveys, for example, a SMISS recommendation was to repeat the survey on a larger scale, and some have called for a repeat of the Scottish Social Attitudes Survey module on attitudes to mental health. Addressing national data gaps is not straightforward and will require resourcing, so will need collective consideration by a range of partners, involving See Me and managing partners, the Scottish Government, Public Health Scotland, and others.

Even with national data it will remain difficult to pinpoint how far progress or lack of progress can be attributed to the See Me programme specifically, given the multiple factors that impact on this agenda and the range of actions required by many individuals and organisations. However, it will provide crucial information about how individuals and groups across Scotland are being impacted and insights about the actions that need to be taken by See Me and partners as part of a collective agenda.

Annex A: Mental Health & Wellbeing Delivery Plan (2023-2025)

Table 9: List of Mental Health & Wellbeing Delivery Plan Actions involving See Me

No.	Action	Lead and key partners
1.1.1	Lead an expert group to identify key cross-cutting actions needed to address stigma and discrimination for those who experience it most, with actions identified by spring 2024.	Scottish Government See Me and partners across a range of key sectors, such as education, employment and health and social care.
1.1.2	Form an anti-stigma collective to support innovation, share leadership and commitment to take forward the key actions identified by the expert group.	Scottish Government See Me and partners across a range of key sectors, such as education, employment and health and social care.
1.1.4	Throughout the lifespan of this Delivery Plan, work with key partners and people with lived experience of complex mental health problems and illness to address the stigma experienced in healthcare, education and workplaces and influence improvement in the other settings identified in the Scottish Mental Illness Stigma Study.	Scottish Government See Me and partners across a range of key sectors, such as education, employment, and health and social care.
1.1.5	Throughout the lifespan of this Delivery Plan, improve our understanding of how mental health stigma is experienced by communities who have been marginalised due to systems and structures in Scotland, and work in partnership to take forward targeted and focused actions to address it.	Scottish Government See Me, Diverse Experiences Advisory Panel
2.5.1	Throughout the lifespan of this Delivery Plan, work collaboratively with partners, to further develop and promote the ' Supporting a mentally healthy workplace employer ' platform, building on feedback from employers to ensure content remains up-to-date and continues to meet their needs.	Scottish Government/COSLA PHS, See Me

2.5.2	Throughout the lifespan of this Delivery Plan, work collectively to develop and grow the 'Supporting a mentally healthy workplace' employer learning network , hosting quarterly network events, focusing on priorities highlighted by employers and ensuring it continues to complement the digital platform and support available to employers through the 'See Me in Work' programme.	Scottish Government PHS, See Me
2.5.3	Throughout the lifespan of this Delivery Plan, work collaboratively to promote the 'See Me in Work' programme to ensure there is more awareness and engagement amongst employers . This will help to address mental health stigma in workplaces and create working environments that are open, inclusive and responsive to mental health needs.	Scottish Government/COSLA PHS, See Me

Annex B: Overview of national data sources

The tables below provide an overview the range of different national data sources related to mental health issues and performance (Table 10) and related to mental health and stigma (Table 11).

Table 10. Overview of national data sources related to mental health issues and performance

Source	Relevant measures	Strengths	Limitations
NHS 24 111 Statistics	<ul style="list-style-type: none"> - NHS 24 mental health hub calls - Referrals from police, ambulance - website visits 	<ul style="list-style-type: none"> Reflective of mental health needs Comprehensive data 	<ul style="list-style-type: none"> - Does not cover stigma and discrimination
Scottish Health Survey	<ul style="list-style-type: none"> - Weekly data on Mental Health Hub calls - WEMWEBS, risk of psychiatric disorder (GHQ12) - Adult Stress at work - Adult loneliness 	<ul style="list-style-type: none"> Reflective of mental health needs Reflective of mental health needs 	<ul style="list-style-type: none"> - Does not cover stigma and discrimination - Does not cover stigma and discrimination
Mental health inpatient activity	<ul style="list-style-type: none"> - Inpatient admissions- case type (psychiatric, non-psychiatric), council, SIMD 	<ul style="list-style-type: none"> Detailed patient information 	<ul style="list-style-type: none"> - Includes only hospital data - Does not cover stigma and discrimination
Psychological therapies waiting times	<ul style="list-style-type: none"> - aggregate national data collection on PT waiting times 	<ul style="list-style-type: none"> Most reliable source in waiting times 	<ul style="list-style-type: none"> - Does not cover stigma and discrimination
Child, adolescent, and psychological therapies national dataset (CAPTND)	<ul style="list-style-type: none"> - Activity in Psychological Therapies (PT) services from the Child, Adolescent, & Psychological Therapies National Dataset in NHS Scotland 	<ul style="list-style-type: none"> Information on referrals apart from appointments 	<ul style="list-style-type: none"> - CAPTND data are still under development - Does not cover stigma and discrimination

Table 11. Overview of national data sources related to mental health and stigma

Source	Relevant measures	Strengths	Limitations
Scottish Household Survey	<ul style="list-style-type: none"> - Random adult questionnaire- DISCRIM and HARASS questions 	Directly asks about discrimination due to certain characteristics including Mental Health	
Scottish Social Attitudes Survey	<ul style="list-style-type: none"> - Attitudes to Mental Health in Scotland 	Explicitly accounts for stigma and discrimination	Only until 2013
UK Household Longitudinal study, NCSR	<ul style="list-style-type: none"> - Reason turned down for training: Health or disability (restraindeny5) - Reason turned down for promotion: your health or disability (respromdeny5) - Last 4 weeks: Physical or mental health interfered with social life (Scsf7) 	Accounts for discrimination and effects on social life due to mental health	Confidential data



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