

December Anti-Stigma Session : Stigma By Association in Mental Health Nursing

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Safer space agreement and content warning



Keep yourself safe

Share only information that is yours to share – take time out if you need to.

Respect

Everyone has different views and experiences. Treat people how you would like to be treated.

Confidentiality

What's shared here by people shouldn't be discussed outside.



See Me's Purpose

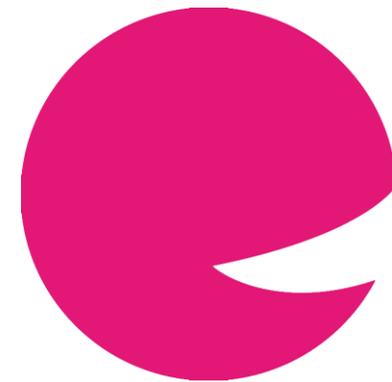
A Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination.

- Change behaviours, cultures and systems.
- People with experience of mental health problems are respected, valued and empowered to achieve the outcomes important to them.



Stigma by Association in Mental Health Nursing

Final report • April 2025



Welcome from Wendy Halliday, Director of See Me

Produced through a partnership involving:



MENTAL HEALTH NURSING

Stigma by Association

**MENTAL
HEALTH**
FOUNDATION

See Me
End mental health
discrimination

 **Abertay
University**

NHS
SCOTLAND



10,753

Mental health nurses

1/4

Sickness absence
mental health
related

23%

Higher incidence
of suicidality

>50%

Leaving nursing
before they
planned to

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

See Me



3 phase project

Phase 1

- Scope and research the prevalence and impact of stigma by association across mental health nursing using mixed methods (cross-sectional survey, focus groups and semi-structured interviews), and scope stigma-reduction interventions.

Phase 2

- Develop, test and evaluate stigma-reduction interventions, drawing learning of what works.

Phase 3

- Share learning, roll out practice and create the conditions for change.



How does stigma by association impact on the mental health nursing workforce in Scotland?

Key question



Study methodology

Mixed-methods cross-sectional study with current (N=393) and former mental health nurses & students (N=293)

Online survey (N=636)

- Clinician Associated Stigma Survey (Yanos et al., 2017)
- Experiences of stigma in mental health nursing (new questions)
- Wider stigma and discrimination (new questions)

Focus groups/ interviews (N=14)

- Opt-in recruitment from survey
- Semi-structured interview schedule
- Questions developed from survey themes and gaps analysis

Data analysis

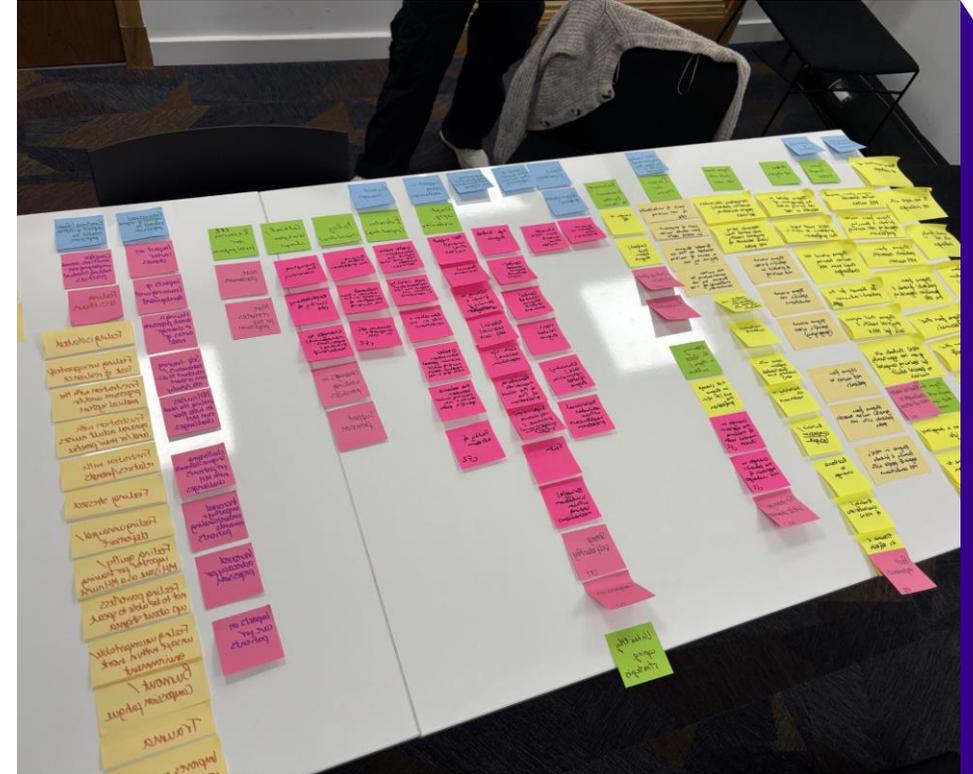
All data analysis was carried out by the research team at the Mental Health Foundation

Quantitative analysis:

- Data was cleaned in Excel before analysis in SPSS

Qualitative analysis:

- Interview and focus group data was transcribed, and then analysed thematically (Braun and Clark, 2020)
- Researchers used Excel to develop a coding framework. A second round of analysis (conducted manually) resulted in a refined framework, developing themes and sub-themes



44%

Experienced stigma at
work or university

Quantitative Findings

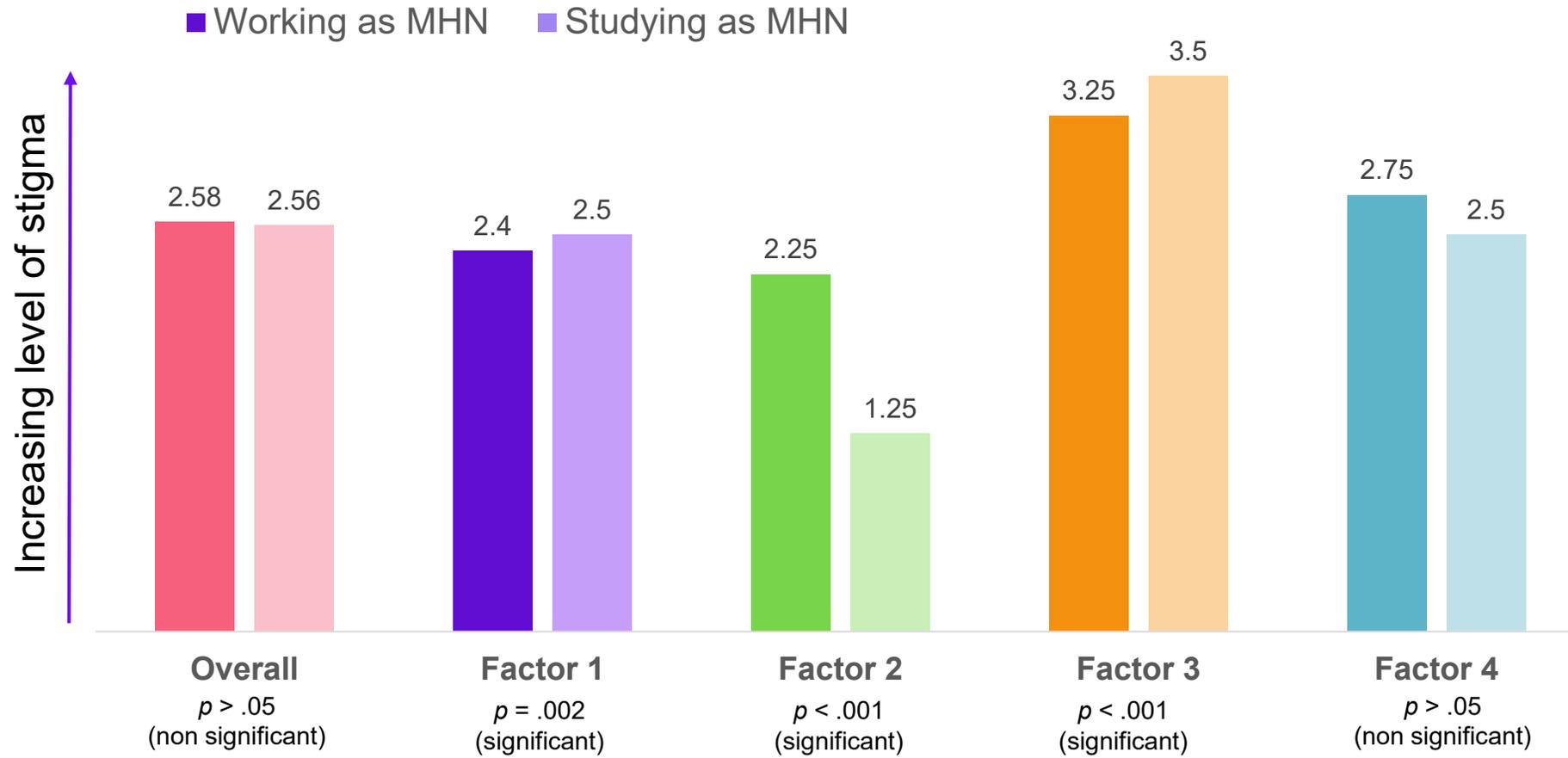
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Clinician Associative Stigma Scale (CASS)



- Factor 1: Negative stereotypes about professional effectiveness (6 items)
- Factor 2: Discomfort with disclosure (4 items)
- Factor 3: Negative stereotypes about people with mental illness (4 items)
- Factor 4: Stereotypes about professionals' mental health (4 items)

Frequency of stigma experiences: 1 = 'never' - 4 = 'often'

55%

Experienced stigma
from non-mental
health professionals

87%

Have been told
that their work
must be 'scary'

73%

Have heard people
say that MH
nurses don't know
what they're doing

9%

Have taken time
off or left a MH
nursing job
because of stigma

“They would diminish the role that you did. They didn’t understand the impact of mental illness on people. There was a perception that I babysat people; that’s what they thought that I did.”

Qualitative Findings



Sources of stigma

- ✦ General nurses
- ✦ Other MH Nurses/ Self-stigma
- ✦ Other Professionals
- ✦ Nurse's friends & family
- ✦ Patients
- ✦ Patients' friends & family
- ✦ Media
- ✦ Wider public

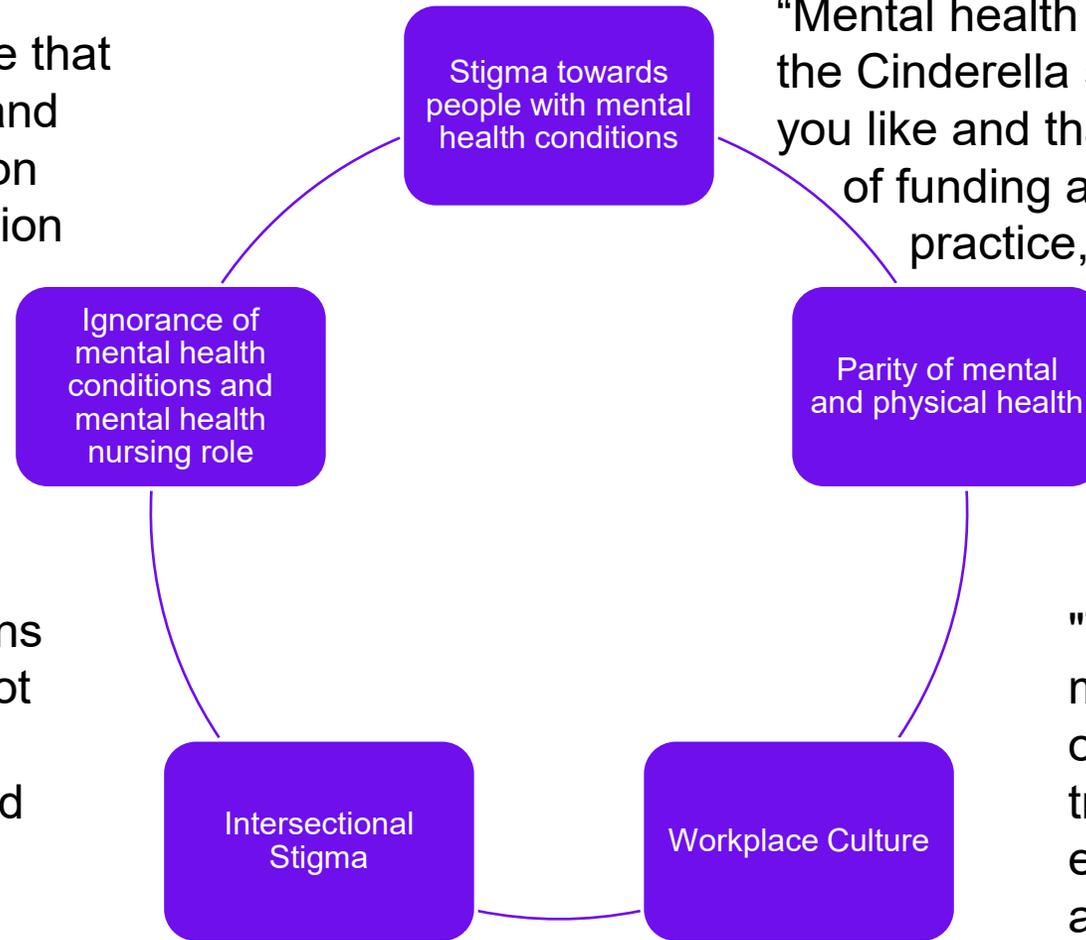
“Treated as a secondary student who is not important or worthy or clever enough to be a 'proper' nurse.”



Key Themes: Drivers of stigma by association

"They would diminish the role that you did. They didn't understand the impact of mental illness on people. There was a perception that I babysat people; that's what they thought that I did. "

"Mental health nursing is the Cinderella service if you like and that's in terms of funding and also practice, training."



"Others expressed concerns whilst pregnant in work, 'not safe, your baby will be mentally unwell surrounded by those inpatients'"

"The environment and staff mentality (compassion fatigue, organisational trauma, sanctuary trauma) all contribute to hostile environments and escalation and exacerbation of symptoms."

“I have been told that myself and all other mental health nurses ‘just sit and drink cups of tea and colour in’. I have also been told that mental health nurses are not ‘proper’ nurses in that we do not help save lives, it is an ‘easy’ yet ‘boring’ profession and I would be better becoming an adult (general) nurse because there are more skills to learn for treating patients.”

Interview participant



Key Themes: Psychological impacts of stigma

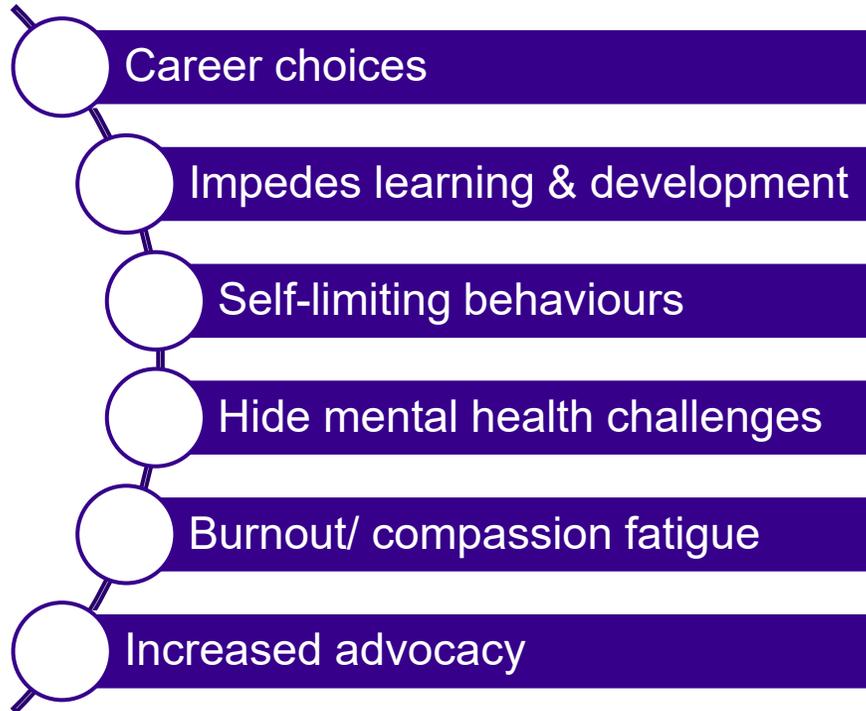


Negative impact on identity & self-esteem	Demotivated/disempowered
Anger & frustration	Decreased psychological safety
Stress	Positive impacts

“There was an attitude in the area where I worked that physical restraint was used to control patients. I didn't think that, and I never said that, and I didn't use language that was used by others, so I was frequently isolated in the ward area, not by everybody, but by a specific group of people, who culturally controlled what the ward felt like”.

"I think it's impacted my self esteem but it's also pushed me to succeed."

Key Themes: Consequences of stigma



"I feel very deflated in my role as a mental health nurse and have often considered leaving the profession. It is a very negative environment to be around, for example, the talk within the workplace due to people being burnt out and losing empathy"

"I generally don't tell people what I do as I don't want to talk about my job and deal with all the ridiculous stereotypes and questions."

"I felt stigmatised as a student from mental health nursing as opposed to other students that were doing general or adult nursing. I wasn't probably given as much learning opportunities because I wasn't pursuing that path."

Julieth Mudarikiri

Mental Health Nursing Student

- Robert Gordon University
- 2nd year student



Recommendations

Education

- Public education, improved profile of mental health nursing, improvements to clinical training for MHN and other medical professions.

Policy & resources

- Increased funding, more recognition of mental health nursing as distinct from general nursing – reflected in training and professional standards

Cultural/ workplace changes

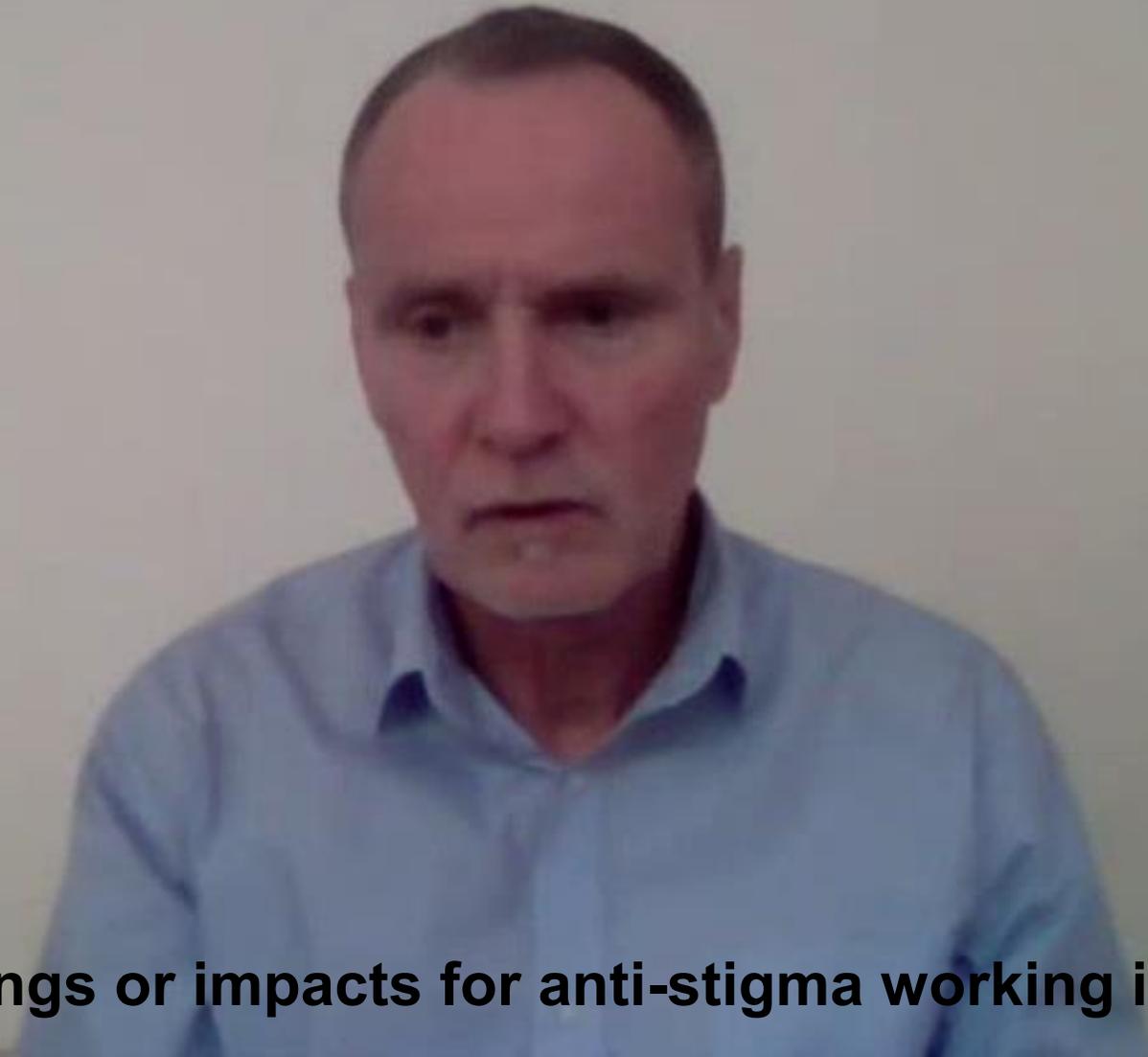
- Disrupting the hierarchy, changes to management/ leadership practices, better support provision, enabling culture for reporting stigma

A few reflections from Keith Russell, Nurse Director



What difference do you think this research will make?

A few reflections from Keith Russell, Nurse Director



What are the key learnings or impacts for anti-stigma working in the profession?

Next Steps

See Me are working with the Mental Health Nursing Review Implementation Group and wider colleagues to consider the survey findings and develop, test, and evaluate stigma-reduction recommendations and interventions, drawing upon learning and evidence of what works.



Questions, comments or reflections?

Pop them in the chat