#  It’s Okay to Talk

#  Facilitation Pack

**It’s Okay to Talk Facilitation Pack**

Welcome to the It’s Okay to Talk suite of resources. These have been developed to support you to deliver a 2-3-hour workshop designed to build confidence around talking about mental health.

This guidance will provide you with some background information to support you when carrying out the workshops, as well as some tips and key points for each part of the session. It also has all of the resources you need to deliver the session as appendices.

**Background to It’s Okay to Talk**

We all have mental health. Sometimes we might want to speak about a difficult time we are having and sometimes we might want to support to someone else who is not feeling great. Having these conversations is one way to help tackle stigma and discrimination. We can all find it difficult to speak out for fear of being judged, dismissed or treated differently, and it can be difficult to ask people how they are doing for fear of saying the wrong thing.

This resource is intended to make it feel a bit easier to ask someone how they are, and have a conversation about how they are feeling, especially if you think they might be struggling. It also has tips if you want to open up a conversation about your own mental health. You don’t need to be an expert to talk to someone about how they are doing. Being open and supportive is more important than the exact words you use. It’s okay to let someone know you’ve noticed that they don’t quite seem themselves and ask if they would like to talk. Confidentiality is important to most.

It's Okay to Talk has been produced to help communities talk more openly about mental health. You may be from a third sector organisation or a community group or running sessions around mental health. One of the aims for this training is that it is flexible enough to be adapted to the needs of the group using it. As a facilitator you can customise the session using your own knowledge of the cultural and social contexts you are working in.

Thank you for picking up this pack and aiming to make a change to mental health stigma and discrimination. Thanks also to all of the amazing See Me volunteers who were part of the creation of this facilitation pack.

**Who are See Me?**

See Me is Scotland’s national programme to end mental health stigma and discrimination. See Me works across a range of settings including health and social care, workplaces and education, as well as working with a number of communities and priority groups. All of See Me’s work is guided by lived experience and these resources have been created in partnership with our volunteers.

Driving the change across Scotland is the See Us movement, made up of thousands of people, like you, who are doing something to make a positive difference. You can learn more about See Me and our work [here](https://www.seemescotland.org).

**What is mental health?**

Mental health includes our emotional, psychological and social wellbeing. World Health Organization defines mental health as: “Mental health is the foundation for the wellbeing and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one’s emotions and the reactions of others.”

Mental health and wellbeing exist on a continuum which means our emotional health and wellbeing can fluctuate depending on our: environment, experiences, genes and biological makeup, supports and personal resources available to us.

You, your organisation and the groups you are working with may understand these terms slightly differently, or have different words for similar concepts. It is important to build in flexibility to any conversation around mental health, so that people feel able to express themselves in their own words on their own terms.

Remember: We all have mental health, just as we have physical health. They are both equally important. Everyone’s experience of mental health is different and it doesn’t always stay the same. It can change as circumstances change and as you move through different stages of your life. Mental health doesn’t equate mental illness; mental health is more than mental health problems. Recovery from mental health problems is possible with appropriate support and treatment. We all need to work to maintain good mental health in the same way we look after our physical heath. Normalising conversations about mental health is important in reducing mental health stigma.

**What are mental health stigma and discrimination?**

At See Me we believe that everyone has the right to be treated with dignity and respect, to feel able to speak openly and honestly about their mental health and to receive treatment if they are ill or distressed.

71% of people with mental health problems say they have experienced stigma or discrimination from someone. Both stigma and discrimination create real barriers to people accessing support around their mental health, prevent people from talking openly and negatively impact recovery.

See Me defines stigma as:

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

See Me defines discrimination as:

“When a person performs an action, whether intentional or unintentional, that creates barriers and inequality for people with lived experience of mental health problems.”

You or your organisation, or the group you are working with may understand these terms slightly differently, or have different words for similar concepts. It’s important to give space to exploring how the group might talk about or understand stigma and discrimination, and how they might prefer to speak about mental health.

Normalising conversations around mental health and wellbeing, regardless of the exact language you use, can allow people to feel able to reach out when they need help. If people feel they can chat about how they are feeling, it can help to break down some of the stigma and discrimination around mental health.

Reading some of the See Me volunteer’s [Personal Stories](https://www.seemescotland.org/stigma-discrimination/personal-stories/) can help you understand stigma and discrimination further, as well as learning more about lived experience of mental health stigma and discrimination via our [See Me Youtube channel](https://www.youtube.com/%40seemescotland1/videos).

**It’s Okay to Talk - Pack**

This pack has been broken into two parts, along with various resources to support you to deliver the session.

* Part one – these facilitation notes
* Part two – the delivery notes/facilitation plan

**How to use the Pack**

We recommend you read through these notes along with the facilitation notes before planning and organising your session. There is a note of the other things you can do before delivering the session, as well as information about some of the issues that may come up during it.

We recommend that where possible, two people deliver the session together. This will support with group activities within the session as well as safeguarding which we highlight further below.

**Learning Objectives**

The It’s Okay to Talk resources are designed to support those delivering and participating in sessions to:

* Have an introduction to the concepts of mental health stigma and discrimination and build their understanding of them.
* Develop a greater awareness of the impact of mental health stigma and discrimination, and feel more confident to have a conversation about mental health – whether that’s their own or with someone else.

**Timings**

We have suggested the length of time for running this workshop is 2-3 hours. If you run a two hour session this will still allow some time for discussion, but it does not allow additional time for exploring new topics that arise in depth, a two-hour workshop may be most suitable for groups who are very familiar with definitions of stigma and the impact of stigma and discrimination. If you are working with a group less familiar with these topics, consider giving additional space to this discussion at the beginning, a 2 ½ or 3 hour workshop might be more appropriate in this case. If you are working with translators or interpreters ensure your session is sufficiently timed to make sure all participants can fully participate.

**Slides**

There is a PowerPoint presentation that accompanies this session and is referred to throughout this pack. The PowerPoint slides contain much of the key information from the session plan and should help to keep your session on track.

You may choose to spend more or less time on particular sections of the workshop depending on the needs of the group, for some slides (e.g. the Time and Place exercise) there are multiple slides to choose from, but you don’t need to use all of them. Equally you may want to create your own scenarios or add in additional information (e.g. local mental health groups into the [Signposting section](#Signposting)).

**Creating the space**

**Safeguarding and Confidentiality**

It’s good to be aware of what the bounds of confidentiality are for the group you are facilitating to before embarking on the session as this will provide a framework for questions and discussion that may come up around it. Check this out and try to have it on hand for the session.

Confidentiality during a conversation on mental health is important to most people and where you can, reassuring them that you won’t be sharing the details of the conversation with others can help. However, it’s also essential to know and be upfront that sometimes there are situations where keeping confidentiality isn’t possible. This can include if you are having a conversation in a workplace where you have a duty of care to someone. If someone is at immediate risk of harm, sometimes it’s important to pass on information to ensure they are kept safe. This might be to 101, 999 or it might be to someone within your organisation if it’s at work.

While delivering the session, it’s vital that you adhere to your organisation or group’s safeguarding procedures as these will be specific to your organisation and will support you to best support the participants in the group. Look this out prior to delivering the session to ensure you have the right procedures in place.

**Creating a safer space**

We choose to describe a safer space, rather than safe space as it is impossible to guarantee a space is completely safe for everyone. However, a facilitator can make every effort make the space as safe as possible for participants.

If you have capacity, it’s a good idea to ensure two people facilitate the session together. This allows for someone to facilitate each section and someone to pick up on any issues that may arise for participants around how they are feeling. The session is about mental health, which can bring up a lot of different feelings for people, however it is important to emphasise that there is no expectation for anyone to share personal information or experiences as part of the session.

Sending out the participant information pack prior to the session which details what the session will cover as well as some of the exercises can help people to understand more about what may arise for them if they attend the session and help to prepare them to talk about topics related to mental health.

Take time to go over the group agreement at the start of the session to ensure everyone feels an ownership of the agreement and a responsibility to give each other time and space to speak, and to be mindful of how your words might impact others.

Staying behind in the space after the session can also be helpful if any participants would like to stay and chat afterwards.

**Understanding the group you are working with**

As a facilitator it is important to give additional consideration to the specific context the organisation or group is working in, thinking about whether the group is already established, or whether more time will need to be given to connecting up at the start in order to create shared space.

If you are working with a particular identity group, have there been any high profile recent events or news stories which might have negatively impacted this group that you should be mindful of?

To the best of your knowledge has the group spent time talking about mental health or stigma in the past, or will this be very new to them? If so you may want to spend longer on the [Defining Stigma and Discrimination section](#Defining_Stigma_and_Discrimination) at the start.

**Topics that may arise**

Though not specifically included in the session plan, there are some topics that are likely to come up over the course of a session, and it is important to give them consideration in advance so that you can feel comfortable facilitating a conversation about them.

**Suicidal Ideation**

It’s good to be aware that the topic of suicide may come up as part of conversations around mental health. It also may come up while you are delivering your session. As a facilitator it is valuable to model normalising conversations about suicide as uncomfortableness or expressions of shock and distress can make it harder for people to talk about suicidal feelings.

Talking about suicide helps to break down the stigma around it. People often worry that talking about suicide can lead to someone carrying out their suicidal thoughts. However, evidence suggests that talking about it and letting someone know that they can share how they are feeling about it can actually offer a much-needed space to discuss how they are feeling and does not make someone more likely to follow through on plans.

**Alcohol and Drugs**

The group may discuss talking about mental health during a social situation where people may be drinking or using drugs, this may come up in the ‘Is Now a Good Time’ section for example.

Facilitators do not need feel there is a ‘right answer’ to these questions, but instead allow the group to reflect on how alcohol or drug use might impact the conversation.

Points to consider:

* If it is not the right time, emphasise that a conversation opening up about mental health should not be abruptly cut short but it is fine to suggest an alternative time to speak if it doesn’t seem like an ideal environment (e.g. too noisy, distractions).
* If a person is drunk or under the influence of drugs and begins speaking about their mental health, they may share something that they regret later. If you feel that they may be sharing more than they would be comfortable with when they are sober, try to suggest that you could pick up the conversation the following day and make sure you follow through on this with another offer to talk again when they are sober.
* If someone has told you that someone is experiencing suicidal feelings or they seem really down, drinking alcohol to excess or drug taking may make it more likely that they would hurt themselves or get into a dangerous situation. If you find yourself with someone in this situation, where possible, try to avoid them being left alone. If it is not appropriate or possible for you to stay with them ask if there is someone else they could arrange to stay with. Encourage them to stop drinking and encourage them to eat some food.

Drinking and drug taking to excess can exacerbate mental health problems, but it can also be a reaction to the pain of struggling with a mental health problem. A conversation about heavy drinking or drug-use may also be a conversation about a mental health problem. It can be difficult to separate the two things. Try to actively listen and hear what the person is telling you without making assumptions about what they are experiencing.

**Specific mental health problems:**

If any facilitators require further information regarding specific mental health problems, we would recommend them going to the [SAMH website](https://www.samh.org.uk/about-mental-health/mental-health-problems) where they can learn more about specific signs, symptoms and support for specified mental health problems.

It is important to highlight to participants that the purpose of It’s Okay to Talk is to build confidence in having supportive conversations generally. If participants are looking for specific information regarding support for specific mental health problems, it might be worth exploring further training and resources.

**Fears about systems/services:**

Some participants made hold legitimate fears about trusting certain organisations or institutions with information about their mental health. For people involved in the asylum system for example, this might be a source of additional anxiety. You will not be able to fully resolve these issues, but you can give space to participants to be able to share their concerns. You can also emphasise confidentiality in the session and the fact that people are not required to share any personal information. Remember also that this session offers a way of developing and strengthening peer and family support for people struggling with their mental health.

**Preparation**

**To do before the session**

* Read through facilitator notes and familiarise self with below plan and activities [ ]
* Prepare scenarios for “Is now a good time?” exercise [ ]
* Identify what option you will take for the “Listening and Responding” activity [ ]
* Send brief to participants to ensure they are prepared for what the session will be like – all information regarding this can be found in Appendix 1 [ ]
* Take time to understand your organisation’s safeguarding principles to inform the session and ensure you are able to keep participants safe during delivery [ ]
* Take time to consider the context of your group and any specific considerations relating to group connectedness, culture or identity that might be helpful [ ]
* Take time to understand what confidentiality means to the group you are delivering to (read section on confidentiality in facilitation notes) [ ]
* Venue booked/Zoom link created [ ]

**Resources for session**

* Pre-session communications to advertise and recruit participants for session – [Appendix 1](#Appendix_1)
* Guidance on how to create scenario for section - [Appendix](#Appendix_3_Time_and_Place) 2
* Options for practising the conversation – [Appendix](#Appendix_4_Practising_the_Conversation) 3

**Facilitation Plan**

Colour Code:

Orange – Type of activity/exercise

Blue – Link to facilitators’ notes and appendices

Green – Resource required

Red – Link to slide deck

**Overview to key sections and activities** Length of session: 2-3 hours

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section and overall time** | **Activity and timings** | **Aim** | **Resources required** | **Facilitator name** |
| Introduction15 minutes | Welcome and intro5 minutes | Welcome everyone to the session. | Slides |  |
| Sharing a Safer Space5 minutes | Create a safer space for the workshop. | Slides |  |
| Who, What, Why5 minutes | Provide an opportunity for people to introduce themselves and for facilitators to understand the dynamics of the group. |  |  |
| Defining Stigma and Discrimination30 mins |  | Provides shared understanding of mental health stigma and discrimination, the impacts and importance of having conversations about mental health in tackling it.  | SlidesAccess to internet to show YouTube video  |  |
| Why Challenge Stigma?10 mins | Provides context around why we need to tackle stigma and discrimination, including a lived experience perspective on the impacts. | Slides |  |
| Defining Stigma and Discrimination15 mins | To support participants to have a shared understanding of what mental health stigma and discrimination are and complete an exercise to look at examples of each type of stigma. | Slides |  |
| Confidence Check 5 mins | Gauge participants’ confidence in having supportive conversations about mental health. |  |  |
| Is now a good time?30 minutes |  | Space to reflect on the best time to have a conversation and what factors – external and internal – might affect that. |  |  |
| Introduction to It’s Okay to Talk Resource5 mins | Introduce participants to structure of Z-card and workshop. | Copies of the It’s Okay to Talk Z-cards  |  |
| Reflection on a Conversation10 minutes | Get people thinking about what worked for them when they had a supportive conversation at some point in their lives. | Flipchart paper  |  |
| Time and Place Scenario10 minutes | Chance to think about what internal and external factors may influence when the best time to have a supportive conversation might be. | Slides  |  |
| How to begin5 minutes |  | Building up confidence in how to start a conversation. |  |  |
| Group Discussion5 minutes | Discussion on how to initiate a conversation around mental health. |  |  |
| Listening and responding30 minutes |  | Pull together all elements discussed so far and provide opportunity to practice having a conversation. | Flipchart paper  |  |
| Key elements of a supportive conversation | Information giving and recapping. | Slides  |  |
| Practising the Conversation25 minutes | Chance to put into practice skills and discussion from session so far and build confidence by providing a safer space to try out actually having a conversation. | Scripts  |  |
| How are you both now?15 minutes |  | Space to consider how both of you might be feeling after having a conversation and what you both might need. |  |  |
| Reflective Activity10 minutes | Reflection on above. |  |  |
| Signposting5 minutes | Examples of how to support someone with signposting. | Slides  |  |
| Evaluation10 minutes | Confidence Check5 minutes | Revisiting of previous exercise to gauge if confidence levels have changed. |  |  |
| Evaluation5 minutes | Space for participants to evaluate session. |  |  |

**Delivery Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section and timings** | **Facilitator Guide** | **Aim** | **Resources required** |
| **Welcome and Introductions** |
| Welcome and Introduction5 minutes5 minutes | This is a chance to welcome everyone to the space and to introduce the session. It can include:* Why you are holding this workshop
* Background context from your own group/organisation
* Explaining who you are and what your role is
* Explaining briefly what you will be covering today (SLIDE 2)

**GROUP DISCUSSION** Use this as a space to have a discussion around how to share this space together, what behaviours are encouraged and what won’t be tolerated by the group. You can use the safer space agreement slide from See Me, or create your own - the important thing is that the whole group has ownership of it. It’s important at this point to include discussion around what confidentiality means within your organisation, as well as making participants aware that you will be discussing themes around mental health which may include some people sharing examples and discussing themes such as suicide and the impacts of mental health stigma ([SEE FACILITATORS’ NOTES SECTION, PAGE 7 ON CONIFDENTIALITY](#Safeguarding_and_Confidentiality))* *Remember that there may be people with lived experience of mental health problems within your groups, so please be mindful of what you choose to share as this can be triggering for some.*
* *Highlight to people that if they need to take some time out, please just let a member of the team know. There will also be some signposting options highlighted at the end if anyone requires any further support.*
 | To set context of work and session.To create a Safer space/group working agreement to ensure everyone is working within the same boundaries. | Session overview/learning objectives slide 2Safer space/group working agreement slide 3 |
| Ice Breaker – Who, What, Why5 mins | It’s good at this point to have some sort of activity to connect people up and give them a chance to introduce themselves. **ACTIVITY**Ask people to introduce themselves with who they are, what their role is within the group and why they are at the workshop today.This can be done in pairs or to the whole group, depending on the group size.If online, this could be done via the chat function on Zoom or Teams. | This will help establish what the roles are of the attendees, what their relationships are with one another and help to shape some of the discussion. Knowing roles and how well everyone knows one another can support you as a facilitator to understand the dynamics both within the room and of the conversations they may go on to have around mental health. | Slide 4  |
| **Stigma and Discrimination**  |
| Why Challenge Stigma?10 mins | It’s really important to have lived experience input at this point to ground the theory in reality and humanise it. People with lived experience of mental health issues deserve to be at the forefront of any discussions around mental health. **LIVED EXPERIENCE INPUT**If you have volunteers who are trained and supported in facilitating a lived experience input, this could be a section for them to lead on. This could also be done via See Me videos available here <https://www.youtube.com/c/seemescotland1/videos> if volunteers with lived experience aren’t available to your organisationThis discussion can then be linked to why we’re here to have supportive conversations. Lived experience can highlight some of the impacts of stigma and discrimination on people’s real lives, as well as how important talking about mental health can be to breaking this down.Discussion Points:* Speaking about mental health gives stigma less power as it normalises talking about mental health.
* Stigma can have hugely devastating consequences – it reduces help-seeking behaviour, leads to barriers to recovery, makes individuals feel worse.
 | This section is designed to support people to understand why tackling stigma and discrimination is foundational to mental health. It should include discussion around the impacts as well as how important supportive conversations and normalising talking about mental health are in tackling stigma and discrimination. | Slide 5 |
| Defining Stigma and Discrimination15 mins | A simple way to understand both stigma and discrimination is that ‘stigma’ is the negative attitudes and assumptions which people hold, whereas ‘discrimination’ is the actions based on those negative attitudes and assumptions. So, you could think of stigma as thoughts and discrimination as actions.Before you show the definitions, invite participants to offer their own definitions of mental health stigma and discrimination, the See Me definition provides one way of understanding these topics but people may have other ideas as well. See Me identify four types of stigma:*Self, public, by association and structural stigma.***EXERCISE – what type of stigma?**In a group, or in pairs, look at the slide with examples of four different types of stigma – discuss which example fits which type of stigma, then show them on the slide and discuss anything that stood out to participants (N.B if delivering the session online, this can be done in breakout rooms).Public Stigma“No idea why anyone would believe that Amber Heard when she’s got loads of personality disorders.”Self-Stigma“I don’t want to be a burden, not sure anyone would think I had a real problem anyway so I’d better just keep quiet.”Structural“I attempted to get life insurance and it was just after I had been diagnosed with complex PTSD and I was refused life insurance, no one would insure me.”Stigma by Association“They said I was unreliable because I had to care for my brother who is unwell at the minute.”Discussion points* Did anything stand out to you from these examples?
 | To support participants to have a shared understanding of what mental health stigma and discrimination are and complete an exercise to look at examples of each type of stigma. | SLIDE 6-10 If in person - Cards with the definitions and examples on them OR can write them up on a flipchart OR use the SLIDE with examples (both in person and online). |
| Confidence Check 5 mins | **Ask participants** to On a scale of 1-5 how confident are you having a conversation about someone else’s mental health?On a scale of 1-5 how confident are you having a conversation about your mental health with someone else?Ask participants to write on a post-it note who they would be most confident to speak to and least confident to speak to. *If session is online, participants can write this in the chat function or via an anonymous poll on Zoom or Menti.* | This is a chance to gauge everyone’s confidence levels and will also help us to measure how much participants’ confidence has grown by the end of the workshop when we revisit the question. | Post it notes if in person, write up in chat function if online.Slide 11-12 |
| **Is Now a Good Time?** |
| 5 mins | Introduction to It’s Okay to Talk Resource**INFORMATION GIVING**Provide the group with an overview of the resource – run through the structure of it being four sections and let them know the session today mirrors that structure, and goes into more detail in each part. Let them know they will all receive a Z-card at the end of the session. | This will introduce them to the structure of the Z-card and how we will break down a supportive conversation during this workshop. | Slide 13-16 or just use physical copies of the resources.  |
| 10 mins | This activity provides a space for reflection on a time when they have felt supported during a conversation. Let participants know that it doesn’t have to have been about their mental health but could have been about anything – the aim is to get them thinking about how it felt and what worked for them within that chat. Remind participants that they can choose how much personal detail they would like to share.**ACTIVITY**In pairs, discuss a time when you have had a supportive conversation with someone: How did it feel? What did the other person do/say? What are the qualities that make a person good to approach when you need support?Ask participants to feed back one thing that came up for them to group. | As a way of encouraging participants to think about how it feels to have conversations and what kind of person it feels most comfortable to speak to. | Slide 17 |
| Time and Place 10 mins | This is a chance for your group/organisation to provide a bit more specific context around how and when conversations on mental health might happen for this group. Choose one or two scenarios either from the slides or create your own. ([SEE APPENDIX 2 PAGE 34-35 FOR GUIDANCE ON CREATING SCENARIOS FOR THE ACTIVITY](#Appendix_3_Time_and_Place))As well as vital context, it also provides a space to consider what elements may make a good environment in which to have a conversation about mental health.It may be that participants in the group don’t feel there is someone in their life they would feel able to approach for support. As a facilitator you can acknowledge that this may be the case for some people and that the hope is that this session allows more people to become confident in taking that role, and also identify the qualities you would want in a person you did choose to speak to. **SCENARIO ACTIVITY**Provide the group with the scenario(s) to look at. Put them into smaller groups or pairs with one scenario per group. Ask participants to consider what might be beneficial/not optimal about the situation with regards to a time and place for a conversation around mental health.Ask the groups to appoint someone to feed back into the wider group once the exercise has finished. Ask them to draw out:* Any key barriers to having a conversation around mental health.
* Any positive factors that would lead to a good environment to have a conversation.

As a facilitator, consider these feedback points and bring them into the conversation if the groups miss them:* How do the people in the scenario seem?
* What are the people in the scenario’s distress levels?
* Encourage participants not to outright dismiss.
* Suggest people consider their own mental health in the moment.
* Encourage them to consider the relationship they have.
* And to consider the external environment and the impact of it.
 | This provides a space to reflect on when the best time and environment are to begin a conversation around someone’s mental health, encourages participants to reflect on their own feelings and capacity, as well as external factors that may influence whether or not it is the best time or place. | Slide 17-24[You will need to update the slides with your scenarios.] |
| **BREAK 10 mins – Slide 25** |
| **How to Begin**  |
| Initiating Conversations5 minutes | It’s important to offer participants space to consider how you initiate a conversation around mental health as sometimes people don’t know how to begin and this prevents them from opening up a conversation at all.GROUP DISCUSSIONInvite participants to consider both sides of the conversation – how might you begin a conversation like this? From the perspective of someone wanting to discuss their own mental health AND from that of someone wanting to open up a dialogue around someone else’s.Encourage participation by asking if there is anything people feel would be useful/not helpful.Write answers on flipchart. | This allows people to build their confidence around opening up conversations on mental health. | Slide 26-27Flip Chart |
| **Listening and Responding** |
| Listening and Responding5 mins | This section will look at how to actually have a conversation once you have established it is the right time and place and you know how you would like to begin it. This brief information giving part will provide a framework for the next exercise, which will be a chance for participants to practice having a conversation on mental health via a set of scripts. INFORMATION GIVING - SLIDE Read the key elements of a supportive conversation. Some of these will already have been mentioned throughout other discussions so try to recap them and reflect back on who raised them and in what context, as well as paying particular attention to any points not already raised. Make sure to include:* You don’t need to be an expert.
* You don’t need to “fix” things.
* It’s okay to have silence.
* How to share your own experience carefully.
* Reflecting back.
* Active listening.

Run through slide – particularly focus on anything not yet covered during discussion. | Aims to revisit and bring together the key elements of having a supportive conversation in order to prepare participants for the next exercise which will involve practising these. | Slide 28-29 |
| Practising the Conversation 25 mins  | It’s really important to provide the chance for participants to practice having a conversation. However, depending on the nature of the group and their levels of comfort, we have suggested three options for delivering this activity. You can find all the supporting scripts and full instructions for each option in appendices. ([SEE APPENDIX 3 PAGE 35 - 39 FOR ACTIVITY OPTIONS](#Appendix_4_Practising_the_Conversation))It’s important at this point to revisit your safeguarding information and set the scene very clearly to participants around what to expect of this exercise. The scripts do talk about situations of poor mental health. We encourage that participants are sent these ahead of time so have the option of opting out of anything that feels triggering etc.**ACTIVITY** – Practising the conversationOption 1:Put people into groups of three and offer copies of the three scenarios – one for someone initiating a conversation about their mental health, and one for someone listening and supporting. The other member of the group can observe the conversation and offer feedback. Try to support people to feel relaxed going into this activity – reassure them that it is an opportunity to practice and that it’s a good chance to try out what you have been discussing so far today. Highlight that there is a chance for reflection at the end of the role play to allow them space to think about how they were feeling during it, what they were thinking, what they felt went well and what reflections they might take away.Recognise with the group that this activity might not feel totally natural as they will be reading from a script however it provides an opportunity for them to practice some of the key elements mentioned at the beginning of this section. Option 2: In pairs or groups of three, participants can discuss how they would respond to these scripts. They can discuss how they might respond, what they might say or what they might find challenging when responding to these situations. This option means that participants won’t practice their responses in real time like in Option 1, however, they can discuss collaboratively about how they might approach it and learn from each other. This option may suit a group that is less established or includes participants that feel more self-conscious. Option 3: In pairs or groups of three, participants can take it in turn to read each scenario. The two participants not reading the script can then reply with either response A or response B and as a group discuss how those responses felt. **GROUP DISCUSSION**After the allotted time, ask groups to feed back to the group on any key points that they would like to share based on the above reflections. Try to reassure and encourage people at this point to notice how they are feeling after taking part in this activity too.  | This section is designed to offer a chance to put into practice the discussion and tools you have been sharing so far in the session. It’s an important step in building confidence by providing a safer environment to test out their approach. It also provides a much needed space for reflection on how they can best listen and respond within a conversation around mental health. | Pairs/Threes activity from facilitation notes/pre workshop handoutSlide 30 |
| **How are you both now?** |
| Space for Reflection10 mins | Towards the end of a conversation on mental health, it’s good to pay attention to how both of you are feeling and what you both might need next. This could be around signposting, some space to reflect, self-care or linking in for future discussions to name a few examples.REFLECTIVE ACTIVITYAsk participants to take time by themselves to think and note down what they think they would need after having a conversation around mental health. Invite them to reflect on what would be useful to them, whether they were initiating the conversation or listening.Reassure participants that they are not expected to share what they have written down, but they are invited to share anything they feel comfortable with that they feel would be useful for the group. | This offers space to recognise the impact of a conversation around mental health on both participants. | Slide 31-32 |
| Signposting5 mins | People often worry that they need to know exactly who and how to signpost people on to before talking to someone about their mental health. Actually, many people just want the space to talk about how they are feeling and don’t feel they need to be referred on to anyone else.For those who do, there are many resources that you can look at together without having to be an expert on mental health. You can start by Googling for services in your local area, or look at the See Me or SAMH help webpages for some national organisations.If there are good local organisations or other organisations that would be particularly relevant to the group you are working with, edit the PowerPoint slides to share that information.Show participants the [See Me Urgent Help webpage](https://www.seemescotland.org/urgent-help) as an example of somewhere they could go to together to find an organisation that could offer further support.  | It’s important to debunk the idea that everyone has to be an expert in mental health or know exactly which services can help before chatting to someone about their mental health. | Slide 33-34 See Me Webpage |
| Confidence Check 5 mins | Now that you have taken participants through the stages of having a conversation, it’s time to revisit their confidence levels.Ask participants to On a scale of 1-5 how confident are you having a conversation about mental health with someone else’s mental health. On a scale of 1-5 how confident are you having a conversation about your mental health with someone. Ask participants to write on a post-it note who they would be most confident to speak to and least confident to speak to.  | Revisiting this will hopefully demonstrate how much of an impact the workshop has had on everyone’s confidence levels. | Slide 35-36 |
| Evaluation5 mins  | Three questions – invite participants to write on post it notes and put up on relevant place on wall1. What would you change about the session?
2. Is there anything you will take away from the session?
3. What are you going to do differently as a result of the session?
 |  |  |

**Appendix 1 – Pre-session Comms**

*If you are advertising your It’s Okay to Talk session to recruit participants, we’ve included some social media posts as well as a session description that you could share via your social channels.*

*You might want to create an Eventbrite for people to sign up and include the link alongside one of the suggested posts below.*

|  |  |
| --- | --- |
| **Channel** | **Suggested social media copy** |
| **Facebook** | We all have mental health. Sometimes we might want to speak about a difficult time we’re having and sometimes we might want to support someone else who is struggling. Join us on [ **DATE and TIME** ] at [ **LOCATION** ] for our It’s Okay to Talk workshop, where we’ll help you build skills and confidence in having supportive conversations about mental health.[ **LINK** ] |
|  | A lot of stigma stems from a lack of understanding, so it’s really important that we all feel able to talk about it and combat some of the misconceptions which still exist. Take part in our It’s Okay to Talk workshop where we’ll help you build skills and confidence in having supportive conversations about mental health.[ **LINK** ] |
| **Twitter** | No one should feel like they’re not able to talk about what’s on their mind. Our It’s Okay to Talk workshop, developed by @seemescotland, will give people the tools they need to have those important conversations. Sign up to take part in our training session:[ **LINK** ] |
| **Instagram** | We’re running a @seemescotland It’s Okay to Talk workshop to help you build skills and confidence in having a supportive conversation about mental health. Speaking about mental health – whether it’s your own, or you’re supporting someone else – is one of the most effective ways to break down the stigma that still exists in society.[ **LINK** ] |
| **LinkedIn** | We can all find it difficult to speak out for fear of being judged, dismissed or treated differently, and it can be difficult to ask people how they are doing for fear of saying the wrong thing. Taking part in our It’s Okay to Talk workshop can help you build skills and confidence in having supportive conversations about mental health with friends and/or colleagues.[ **LINK** ] |

*If you are planning to send out an email to your groups to encourage participation you might want to include the information below to describe what the session will involve.*

* We all have mental health. Sometimes we might want to speak about a difficult time we’re having and sometimes we might want to support someone else who might be struggling. Join us on [ **DATE and TIME** ] at [ **LOCATION** ] for our It’s Okay to Talk workshop, where we’ll help you build skills and confidence in having supportive conversations about mental health.
* A lot of stigma stems from a lack of understanding, so it’s really important that we all feel able to talk about it and combat a lot of the misconceptions which still exist. Take part in our It’s Okay to Talk workshop where we’ll help you find the confidence.
* We’re running an It’s Okay to Talk training session to build skills and confidence in having supportive conversations about mental health.
* We can all find it difficult to speak out for fear of being judged, dismissed or treated differently, and it can be difficult to ask people how they are doing for fear of saying the wrong thing. Taking part in our It’s Okay to Talk workshop can help you build skills and confidence in having supportive conversations about mental health.
* We’re running an It’s Okay to Talk training session to build skills and confidence in having a supportive conversation. Speaking about mental health – whether it’s your own, or you’re supporting someone else – is one of the most effective ways to break down the stigma that still exists in society.
* No one should feel like they’re not able to talk about what’s on their mind. Which is why our It’s Okay to Talk workshop gives people the tools they need to have those important conversations. Sign up to take part in our training session.

**It’s Okay to Talk – Participant Pack**

*Below are example template emails and information that can be sent out to participants who sign-up to take part in your It’s Okay to Talk Training – you can edit where appropriate.*

*You will also find a copy of the small group Listening and Responding practice options, so that participants feel fully informed about the types of activities they will be taking part in as part of the session.*

Thanks for your interest in attending an It’s Okay to Talk Workshop. These sessions are designed to build your confidence and provide some tools to have supportive conversations around mental health. In this workshop we will unpick all the elements of a supportive conversation, exploring aspects such as when is a good time, how to begin, listening and responding and what to think about after the conversation.

Throughout there will be opportunities to learn, share ideas and practice having these conversations. While the session will include some discussion geared to the context of your role at the XXXXX, in general it will be a broad overview of how to have conversations around mental health.

The session will include:

* Reflecting on what mental health stigma and discrimination are and their impacts, as well as how supportive conversations can reduce them.
* Discussion around mental health. This may include people sharing lived experience or times that they have had conversations around mental health, but there is no expectation that participants share personal information as part of this session.
* Opportunities to practice having a conversation around mental health in a small group of no more than 3 people.
* Reflection on how to have conversations around mental health within your role.
* Discussion around signposting and what you might need after having supportive conversations.
* An opportunity to evaluate the session to inform future delivery.

Below is an activity we will be working through together during the session. This will give you an idea of some of the content we may cover, as well as providing you with a copy of the scripts to refer to during the workshop.

INSERT LISTENING & RESPONDING EXAMPLE ACTIVITY HERE ONCE SELECTED FROM APPENDIX 4

We look forward to spending time exploring this workshop with you.

Best wishes

INSERT NAME

**Example scenarios:**

*These are some of the example scenarios suggested for use in the facilitation pack, however, feel free to design your own scenarios which might suit your organisation’s or community's needs best.*

* You’ve been at work and a colleague approaches you and asks if they can talk.

They tell you they’ve been struggling recently. You have also been having a difficult time of late and have another appointment that day that you are worried about getting to on time.
* You are in the club house after training with your football team waiting for the meal to arrive. It is noisy and a lot of people are chatting at once.

The team aren’t in great spirits after losing a game at the weekend and some seemed visibly frustrated during the training session. Everyone is hungry and waiting for the food to arrive.
* You’re at a friend’s birthday party and another friend starts chatting to you about how they’ve been struggling with their mental health of late.

It is very noisy and there are a lot of other people around you.

**Appendix 2 – Time & Place - Scenario Guidance**

The purpose of the scenarios is to provide some key scene setting that is relevant to the group you are delivering to. This provides helpful context to participants when they are thinking about the importance of time and place when having supportive conversations.

The scenarios should include:

* Realistic settings for this group – consider the physical surroundings of where the participants will be having these conversations and include them.
* Situations where people might want to talk – consider what the participants might be doing when approaching conversations on mental health.
* Real life barriers that may come up for participants within these settings and situations.
* Real examples of things within these settings and situations that may support having conversations on mental health.
* An opportunity for participants to reflect on how their feelings and capacity may affect whether or not this is the right time or place.

Here are some examples of scenarios:

* *You’ve been at work and a colleague approaches you and asks if they can talk. They tell you they’ve been struggling recently. You have also been having a difficult time of late and have another appointment that day that you are worried about getting to on time.*
* *You are in the club house after training with your football team waiting for the meal to arrive. It is noisy and a lot of people are chatting at once. The team aren’t in great spirits after losing a game at the weekend and some seemed visibly frustrated during the training session. Everyone is hungry and waiting for the food to arrive*.
* *You’re at a friend’s birthday party and another friend starts chatting to you about how they’ve been struggling with their mental health of late. It is very noisy and there are a lot of other people around you.*
* *You are waiting at a bus stop when a friend arrives to catch the same bus. They seem tearful and upset and ask if you have time to talk. You are on your way to an appointment in town that you feel anxious about.*
* *Your teenage daughter has been very quiet and withdrawn recently. One morning before school she asks if she can talk to you about how she is feeling. You are trying to get your other child ready for school and make breakfast for the family.*

**Appendix 3 - Practising the conversation**

As outlined in the facilitation notes, depending on the nature of your group and comfort levels within the group, we encourage you to pick an appropriate option for the Listening and Responding activity from the options below. Pairs or small groups will have 25 minutes to participate in this activity regardless of what option you choose.

Option 1:

In groups of three, number yourselves 1 and 2 and 3.

Person 1 is to read out scenario 1 and person 2 take the opportunity to practice listening and responding while person 3 will observe and offer feedback at the end. Person 1 and 2 should also feedback how they found the practice.

You will then all rotate so everyone gets a turn in a different role.

Consider:

* How you use your body language.
* How to encourage the other person while they are speaking.
* What an appropriate response feels like.
* What you might say.

**Scenarios**

1

I’m not doing that great at the moment to be honest. There’s been a few things going on at home and it’s just all getting on top of me a bit, I’m not sleeping well so struggling to function.

It usually passes pretty quickly when I feel like this, but I can’t seem to shift it this time. Feels like everyone would be better off without me.

Sorry, I don’t want to moan. I know loads of people have it much worse than me. How are you doing anyway?

2

I’m okay, I think we’re all struggling a bit right now aren’t we? I feel like everyone’s finding themselves in tears half the time at the moment. I just don’t want anyone to think I can’t cope.

My sister’s working in a hospital and she’s got all kinds of stress in her job, but she just gets on with things. I think I should be more like that.

I can’t seem to fit everything into the day. I’ve got to get myself a bit more organised. I end up staying up half the night trying to get everything finished. I think that’s why my mind’s racing at night.

3.

I’m not feeling like myself. I’m really done in to be honest.

Work is so full on, I don’t think my boss likes me very much at the moment but she’s a bit scary so I don’t want to tell her that she keeps piling stuff on when I’m already absolutely rammed with stuff to do. It’s not that I can’t cope, it’s just too much for me and it would be too much for anyone. But I just can’t tell her that because I need the work so badly.

My little boy isn’t sleeping well either. It feels like a lot all at once and I don’t know where to start with it all.

Option 2:

In pairs or groups of three, participants can discuss how they would respond to these scenarios. They can discuss how they might respond, what they might say or what they might find challenging when responding to these situations.

Option 3:

In pairs or groups of three, participants can take it in turn to read each scenario. The two participants not reading the script can then reply with either response A or response B and as a group discuss how those responses felt.

1

I’m not doing that great at the moment to be honest. There’s been a few things going on at home and it’s just all getting on top of me a bit, I’m not sleeping well so struggling to function.

It usually passes pretty quickly when I feel like this, but I can’t seem to shift it this time. Feels like everyone would be better off without me.

Sorry, I don’t want to moan. I know loads of people have it much worse than me. How are you doing anyway?

Responses:

1. I'm sorry to hear you're going through that, it can't be easy at the moment for you. Would it help to talk about it some more?
2. Oh, I know what you mean. It’ll pass. Have you tried taking sleeping tablets? That works for me when I can’t sleep.

2.

I’m okay, I think we’re all struggling a bit right now aren’t we? I feel like everyone’s finding themselves in tears half the time at the moment. I just don’t want anyone to think I can’t cope.

My sister’s working in a hospital and she’s got all kinds of stress in her job, but she just gets on with things. I think I should be more like that.

I can’t seem to fit everything into the day. I’ve got to get myself a bit more organised. I end up staying up half the night trying to get everything finished. I think that’s why my mind’s racing at night.

Responses:

1. Oh, I know. If only there were an extra hour in every day! It sounds like you know what you need to do and channel a bit of your sister to help you through the next while, I’m sure you can do that.
2. Sorry to hear you’ve been feeling like this lately, its sounds like there is a lot going on for you right now. I know it’s hard but try not to compare yourself to your sister, you’re different people. Would it help to talk some more about what’s on your racing mind?

3.

I’m not feeling like myself. I’m really done in to be honest.

Work is so full on, I don’t think my boss likes me very much at the moment but she’s a bit scary so I don’t want to tell her that she keeps piling stuff on when I’m already absolutely rammed with stuff to do. It’s not that I can’t cope, it’s just too much for me and it would be too much for anyone. But I just can’t tell her that because I need the work so badly.

My little boy isn’t sleeping well either. It feels like a lot all at once and I don’t know where to start with it all.

Responses:

1. Tell me about it, work is so hectic for me too, my boss is similar too in that they won’t back off. I’ve got a never-ending pile of work to get through.
2. Sorry to hear you’re feeling so done in right now, I’m not surprised by the sounds of work and if your little boy isn’t sleeping well either – that is a lot. Would it help to talk out anything some more? I’m here to listen.