

Educating for Change: Embedding mental health inclusion in pre-registration education

Information Pack

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See Me is Scotland's programme to end mental health stigma and discrimination enabling those who experience mental health problems to live fulfilled lives. We are funded by the Scottish Government and managed by SAMH (Scottish Action for Mental Health) and the Mental Health Foundation.

Our mission is to mobilise people to work together and lead a movement to end mental health stigma and discrimination; work with people to change behaviour towards people with mental health problems and ensure that the human rights of people with mental health problems are respected and upheld.

We at See Me are in the final year of our current strategy. . The strategy prioritises fairness, equity, and inclusion for all people experiencing mental health challenges or illness. We take an intersectional approach , ensuring that people of all races, genders, ethnicities, abilities, sexual orientations, and socio-economic backgrounds are meaningfully included.

When we struggle with our mental health, we often face stigma and unfair discrimination in all these areas. See Me influences change in behaviours, cultures and systems so that people with experience of mental health problems are respected, valued and empowered to achieve the outcomes important to them. We focus on four key settings where stigma is most prevalent and has the most detrimental impact: education, health and social care, communities, and workplaces.

We work across these priority areas to create the conditions and environments where people are able to speak out without fear or judgement, to seek (and get) help when they need it, and to experience fair and equitable access to and experience of the range of public services (irrespective of their mental health). We also work to support institutions to provide a confident, informed and compassionate response to someone seeking help, and to directly challenge stigma and discrimination where and when it happens.

Visit our website for details at www.seemescotland.org.

Introduction

See Me has delivered education-based anti-stigma interventions with pre-registration healthcare students since 2020 in partnership with Strathclyde University, Abertay University, Robert Gordon University, the University of Stirling, the University of Glasgow, and the University of the West of Scotland. We delivered interventions across mental health disciplines, including Pharmacy, General and Mental Health Nursing, Paramedicine, and Global Mental Health undergraduate and postgraduate courses.

Educating for Change is informed by our learning from and collaboration with partners over the past four years. Educating for Change is designed to support other universities to embed anti-stigma education within the university student curriculum across mental health disciplines.

We would like to extend our sincere thanks to all the universities who have participated in this work since 2020. Their commitment to tackling mental health stigma in healthcare education has been invaluable. Their continued support has played a vital role in shaping this work towards positive change across health discipline sectors.

Educating for Change is for course leads and lecturers in health disciplines who are passionate about ending mental health stigma and discrimination and have a role to play in workforce training and development.

See Me work with university partners to develop content that meets discipline, curriculum and course needs. Our overall aim is to support course leads and lecturers to embed a mental health stigma and discrimination component in the curriculum as an essential element of addressing mental health inclusion.

We can work with you to deliver and support workshops as 1-, 2-, or 3-hour sessions, depending on what works best for your schedule and curriculum.

Our sessions vary in depth, complexity and attention to nuanced experiences of mental health problems and illness across diverse lived experiences and healthcare services.

Our sessions address the complexities of mental health problems and illness at the intersections of severe and enduring mental illness, LGBTQI+, racialised, gendered, and disability-related lived experiences and Adverse Childhood Experiences (ACE), trauma, poverty, and homelessness, justice system involvement, substance use, self-harm, and suicide.

Educating for Change supports student development through the following learning outcomes:

- To recognise and understand the impact of mental health stigma and discrimination.
- To know how to challenge it.
- Increased knowledge of how to take action against it in healthcare settings.

To arrange an initial conversation contact **rachel.gray@seemescotland.org** or **info@seemescotland.org**

Mental health stigma and discrimination

When we struggle with our mental health, we are often subjected to damaging labels, harmful stereotypes, exclusion, and discrimination. People with mental health conditions face discrimination in societal systems like healthcare, education, employment, and media. Stigma and discrimination in these settings make it harder for people to get support and equal treatment.

Mental health stigma and discrimination includes both prejudicial attitudes, beliefs, and values as well as discriminatory behaviour, practice, and policies ([Turan et al 2019](#)). Mental health stigma and discrimination have profoundly negative impacts on recovery and other important outcomes for individuals, families, communities, and societies ([WHO, 2024](#)). Nearly 9 out of 10 people with mental health problems say that stigma and discrimination have a negative effect on their lives ([Mental Health Foundation](#)).

Definitions

Stigma

A social process that involves the damaging labelling, stereotyping, and exclusion of individuals or groups based on perceived differences that deviate from dominant social norms.

Goffman, E. (1963); Tajfel, H. and Turner, J.C. (1986); Crocker, J. et al (1998); Link, B. et al (2001) ; Phelan, J. et al (2008); Thornicroft, G. et al. (2022)

Discrimination

A key part of stigma. It is the inequitable or prejudicial treatment of individuals or groups based on their stigmatised identities. It can be intentional (explicit prejudice) and unintentional (underlying in organisations and systems).

Link, B.G. & Phelan, J.C (2001); Phelan, J.C., Link, B.G., & Dovidio, J.F. (2008), Hatzenbuehler, M.L., Phelan, J.C. & Link, B.G. (2013), Cohen, A.K., & Syme, S.L. (2013), Public Health Agency of Canada, (2019), Dinur, R (2022)

Mental health stigma and discrimination is not experienced equally by all people.

Multiple forms of stigma mutually shape the lived experiences and opportunities of groups who are marginalised, and create distinct disadvantages, which cannot be understood in isolation from one another (Sievwright et al., 2022).

Mental health stigma and discrimination intersects with prejudice about people's race, gender, disability, economic status, and sexuality. It intersects with racism, misogyny, ableism, classism and heteronormativity.

Mental health stigma and discrimination intersects with stigmatised health and living conditions, including poverty, substance use, homelessness, and justice system involvement. These health and living conditions link to adverse life experiences (in child- and adulthood) including chronic and enduring stress, trauma, abuse, neglect, violence, and discrimination. (Grieg et al. 2024; Hughes 2017).

Mental health stigma is not experienced equally across all conditions. Conditions like schizophrenia, bipolar disorder, or borderline personality disorder are often deeply stigmatised with harmful labels such as 'dangerous' or 'unpredictable'.

Deeply stigmatised mental health conditions are often linked to discrimination against people with marginalised identities. For example, in the year to March 2023, Black people in the UK were 3.5 times as likely as white people to be detained under the Mental Health Act (gov.uk, 2024).

Compounded experiences of stigma and discrimination present significant barriers to equitable support and treatment.

People living with mental health problems are subject to a wide range of mental health inequalities. These include:

- Lifespan inequalities including a poorer quality of life and life expectancy at 15–20 years shorter than that of the general population ([Chan et al. 2023](#); [Ilyas et al 2017](#)). This disparity is largely due to preventable physical illnesses ([NHS England, 2024](#)).
- Imbalances of power in relationships when disclosing or making decisions about care and support. People often describe not being listened to, not being taken seriously, and being judged.
- Structural stigma and discrimination in government and institutional policies across different life areas.
- Failure in the provision of appropriate, personalised services or support that is sensitive to individual needs and circumstances.
- Stigmatising myths and stereotypes that are reinforced through political rhetoric, in the media, and by family members and carers.
- And isolation and exclusion from family, friends and/or colleagues and their communities.

Experiences of stigma and discrimination of people who live with complex and severe mental illness

The Scottish Mental Illness Stigma Study (SMISS) ([See Me, 2022](#)) gathered experiences of stigma and discrimination of people who live with complex and severe mental illness.

People with lived and living experience (PWLE) of mental health stigma and discrimination reported that it occurred most frequently in their relationships with family and friends, within healthcare, specifically within mental healthcare, in employment, and social and mass media. PWLE said that stigma and discrimination had the biggest impact on their lives in their relationships, employment, and mental healthcare.

The SMISS report highlighted clear links between people's repeated experience of stigma and discrimination, their anticipation of stigmatising and judgemental treatment, and disengagement from services.

SMISS findings align with reports by See Me volunteers of experiences of mental health stigma and discrimination from health and social care practitioners and professionals in mental healthcare and academic literature (see [Carrara et al. 2019](#) and [Rojas Vistorte et al. 2018](#)).

Educating for Change attends to the attitudes and perceptions of healthcare professionals towards people with mental health problems and illness. Our engagement with universities aims to educate future healthcare providers (students) about mental health stigma and discrimination and to take action to reduce it to ensure that stigma does not limit people's equality of care, access to treatment, and their support experience.

What evidence supports using education to reduce mental health stigma and discrimination?

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The global evidence base on what works to tackle stigma and discrimination related to mental ill health continually highlights the key role people with lived experience (PWLE) play as leading 'agents of change' in interventions (The Lancet, 2022; WHO, 2024) at all levels (Structural, Cultural, Institutional, Personal - SCIP) (Pérez Portilla, 2016). Any intervention should therefore include lived experience leadership, inclusive collaboration and meaningful engagement throughout and take an intersectional approach in order to address compounded experiences of marginalisation (WHO, 2024; The Lancet, 2022; Public Health Canada, 2019). Action must be taken at all levels (SCIP) concurrently, as single-level action will not automatically bring about change at each other level (Pérez Portilla, 2016). Action must also be permanent, as stigma is upheld by societal norms and values which are vulnerable to shifting socio-political, economic and environmental landscapes (Pérez Portilla, 2016).

Social contact models - where individuals with lived experience and those without come together and take part in activities which address unequal power dynamics and are positive experiences, are shown to be the most effective methods to reduce stigmatisation (Thornicroft, 2022). Social contact methodologies have specific 'active ingredients' which must be present to be effective (WHO, 2024: 7). Interventions must be carefully crafted to respond to the specific context they are taking place in and ensure cultural appropriateness and safety (The Lancet, 2022; WHO, 2024).

Interventions which have been evaluated as successful, have included the following components: advocacy, collaboration, community-based care, transformative education, training and education for service providers which incorporate multiple lived experience components and social contact; co-creating culturally relevant interventions with communities; using creative methods to support challenging internalised stigma, as well as building empathy and social connection in social contact interventions, protest-based campaigning which is critical of negative views of mental health problems and illness, 'psychoeducation' providing mental health literacy, and social networking (The Lancet, 2022: 1455).

What are the benefits of using the Educating for Change resource?

Course Leader, Lecturer and Student Perspectives

What are the benefits of using the Educating for Change resource?

Rosa Eisenberg, Lecturer, Mental Health Nurse, Robert Gordon University

Feedback from the students was overwhelmingly good – the benefits of the face-to-face format was appreciated - particularly for those less familiar with the potentially complex themes discussed. While some students were familiar with intersectionality, others were not, and students voiced that they appreciated the opportunity to interact directly with the facilitators, ask questions, and clarify understanding in a supportive and nonjudgmental environment.

The workshop was well-prepared and accessible, with thoughtfully designed handouts for activities that helped students connect theoretical concepts to their clinical experiences. Several students also voiced a newfound interest in working within the third sector in the future or in policy development and research roles, which was great to hear and reflects the diverse and transferable skills developed through their mental health nursing degree.

Notably, the module in which this workshop was embedded was recognised with two awards from the Mental Health Nursing Forum Scotland: one in the Education category and the other as Overall Winner. *This module places the voices of those with lived and living experience, as well as carers, at its core—challenging traditional hierarchies in mental health and psychiatry that have historically privileged clinical perspectives over experiential knowledge. The See Me workshop aligned with these values, offering students an impactful opportunity to engage with intersectional perspectives and to centre lived experience in their understanding of mental health care.”*

“The See Me content allows students to examine/re-examine their role in and knowledge of bias, stigma and discrimination. It also introduces students to topics such as intersectionality, which they may not have come across in the nursing curriculum to date and allows a coherent understanding to develop of this important term. It links politics and health, which is essential for mental health nurses to be knowledgeable about.”

“I hope that student participation would enable nurses to work with people who use mental health services as knowledgeable, equals and people who can and should be involved in decisions, regardless of their perceived mental state.”

“I feel it helped [students] professional growth, empathy and advocacy in particular, as it enabled a safe space in which to voice complex ideas and thoughts, which is so important to challenge discrimination.”

Dr Natalie Weir, MPharm PhD, Lecturer / Community Pharmacist, University of Strathclyde

"Some of [the students] will have personal experience themselves, but a lot of them haven't heard stories of how mental health [problems] can start so early, about how the treatment pathways can be so complicated, and the diagnosis can take forever, [and] the medicines are not always the most pleasant. I think that they get a better understanding of how complex it is and how challenging it can be for a patient, maybe more so [than] other clinical conditions."

Dr Jack Melson, Senior Lecturer, and Course Leader of the Global Mental Health postgraduate course at University of Glasgow.

"Our students go on to work in a wide range of different roles, including as mental health practitioners, while some also go on to play leading roles developing or delivering mental health services and policy. The See Me content therefore supports a compassionate and empathic approach to practice and support for services users, as well as embedding these key skills as part of policy and guidance. As a high proportion of our students are international students, they take the learning and experience of engaging with the See Me content with them around the globe."

"I think [the See Me session] provides an accessible space for students to explore themes which are critical to mental health and can impact patient outcomes positively, as more considerations will be given to patients' circumstance than a standard biomedical approach."

Student Perspectives

In post session evaluation feedback by students in 2024-25 they reported that they were more mindful of their personal biases and that their approach to providing care would be more inclusive, non-judgemental, and supportive. They further reported increased confidence to challenge stigma and to advocate for anti-stigma measures in mental health services.

"I can now approach patient consultations with more empathy, and I now fully understand how difficult it can be for people to admit their mental health struggles."

"[I will] call out mental health stigma when I witness it in a more confident and informed manner."

"[I] learned about the impact stigma has on people and how to help reduce it."

"There is more you can do in a community pharmacy than I thought."

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Glossary and further resources

Intersectionality

Systematic patterns of interrelated stigma and discrimination that people face due to aspects of their identities or social circumstances, such as race, ethnicity, economic status, gender, age, sexual orientation or disability.

Mental health

An umbrella term to refer to both the concepts of mental health problems and mental wellbeing.

Mental health problems

These include problems experienced as part of everyday life to serious long-term conditions. They are defined as a range of symptoms that meet the criteria for clinical diagnosis. Examples include common mental health problems such as depression and anxiety, and severe, mental health problems such as schizophrenia. The term is often used interchangeably with mental health, negative mental health, mental illness, mental ill health and mental distress.

Mental health stigma and discrimination

Mental health stigma and discrimination includes both prejudicial attitudes, beliefs, and values as well as discriminatory behaviour, practice, and policies.

Social contact

Social contact aims to challenge stigmatising attitudes through planned interactions between people who have direct experience of mental health problems, stigma and discrimination and those who might not have these experiences – particularly members of target groups like employers, education professionals and healthcare workers. Social contact appears to be effective in changing attitudes even in those who hold the most stigmatising views, and should be targeted, local, credible and continuous. Social contact is ineffective when a power imbalance exists between members of the stigmatised and stigmatising groups

Further Resources

[Intersectional approaches | End Mental Health Stigma and Discrimination](#)

[Intersectionality and Mental Health: Why It Matters | Decolonised Minds](#)

[Sexuality & Mental Health | EP 4, The Future is Intersectional](#)

[Mosaic toolkit to end stigma and discrimination in mental health](#)

[Addressing Stigma: Towards a More Inclusive Health System - Canada.ca](#)

[Introduction to the Special Issue on Intersectionality in Stigma and Health Research](#)

seemescotland.org

Brunswick House, 51 Wilson Street, Glasgow G1 1UZ

Phone: 0141 530 1111

Email: info@seemescotland.org

 seemescotland  @seemescotland

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