

Towards mental health inclusion



Tackling mental health
stigma and discrimination
in healthcare

Facilitator notes

What is this resource?

These facilitator notes contain information, a session plan with activities, tools and resources which can be used to tackle mental health stigma and discrimination, and key principles for promoting mental health inclusion in healthcare settings. These facilitation notes are part of a full training pack, which includes:

- **The facilitator notes:** step-by-step guidance on how to deliver a session, including information, activities, tools, and resources.
- **The participant workbook:** a resource that participants can use to follow the session and take notes for future reference and reflection.
- **Presentation slides:** supplement the structure and content of the session.

Who is it for?

These facilitator notes are for people in healthcare settings who have a role to play in workforce and/or organisational development, and who are passionate about ending mental health stigma and discrimination. The activities can be used to prompt reflection and discussion about mental health inclusion within healthcare. You can use this resource to explore how to tackle stigma and discrimination within your healthcare setting.

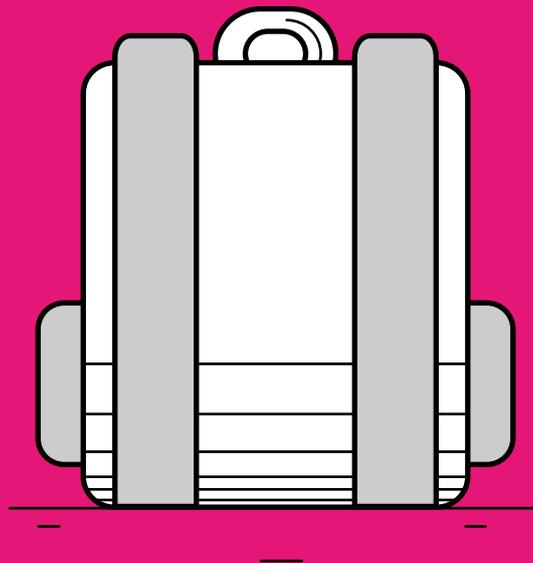
How do I use it?

All the video content, activity resources and discussion points are provided in the session materials. Facilitators can follow the notes and deliver the session within two hours. As with any training session it is recommended that facilitators prepare thoroughly by familiarising themselves with the content of the notes, slides, and participant workbook.

Participants and facilitators should try to approach the session with as much empathy and patience as possible. Mental health stigma and discrimination can be a difficult subject to discuss and it is easy to fall into the trap of blame and shame. Everyone should work hard to share their experiences openly and focus on learning, growth and improvement.

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What is stigma and discrimination, and what is the impact?

Tackling stigma and discrimination is foundational to ensuring people can get the right help and support when they struggle with their mental health. Increasingly people are talking more openly about their mental health and that of others, sharing experiences of mental health problems, seeking help and support, and providing support to others. Improvement efforts such as **Realistic Medicine** are designed to produce compassionate, patient focused care that shares decision making power and focuses on what matters to them.

Whilst this is welcome, a high profile for mental health within healthcare does not necessarily equate to stigma reduction. People who have mental health problems continue to experience poorer health, their life expectancy is shortened, and their quality of life is poorer overall. Stigma and discrimination within healthcare settings can have a negative impact not only on a person's access to and experience of services, it can also be detrimental to their recovery, and have other long-term impacts such as an adverse effect on them seeking help and support in the future.

A person disclosing can worry about not being listened to, confidentiality, not being taken seriously, being judged, being seen as a burden, receiving a diagnosis, or being labelled. Many people worry about speaking to another person about their mental health due to a lack of knowledge and confidence, being fearful of saying or doing the wrong thing, not knowing where to signpost, and thinking they may have to take on responsibility for that person if they disclose. All these factors act as barriers to people seeking help and support from others and in people providing support and initiating discussion around mental health.

Healthcare staff that understand the importance of their role in facilitating mental health recovery are likely to maintain positive attitudes and clinical clarity. Patients are then far more likely to have an experience of healthcare services that is in line with the **National Health and Wellbeing Outcomes**: that people have their dignity respected and are safe from harm; and that services contribute to reducing health inequalities and help to maintain or improve their quality of life.

Unfortunately, when people reach out for support, they do not always get the advice, support, or care they seek as a result. Across many settings, including healthcare, mental health continues to be erroneously linked with weakness, violence, attention seeking and lack of decision-making ability. In turn, these beliefs encourage people

to act differently, to exclude, avoid, or use coercive practices with people with mental health problems, and collude with others to restrict their freedoms under the assumption that they are not able to live independently. Staff who work within acute wards, psychiatric settings, A & E, Out of Hours, Social Work, etc. only ever see people when they are in crisis, and do not get to see any one individual's journey back to health.

A person's story involves many ups and downs, and people with mental health problems do experience very serious inequality of opportunities and outcomes. However, recovery is real, and people with mental health problems can live fulfilled, successful, lives full of purpose and wellbeing. The principles of the "**Health Promoting Health Service**" concept encourage all healthcare professionals to view every interaction as a health improvement opportunity. This directly affects quality of care but also strengthens help seeking behaviour especially in people with lived experience of mental health problems.

Many people describe the stigma they experience in services as worse than the diagnosis of a mental health problem. If someone is impacted by stigma linked to another protected characteristic (LGBTI, BME, age, sensory impairment, etc.), the experience of stigma due to a mental health problem can be heightened significantly. These attitudes also affect people connected to people with mental health problems such as family members or friends i.e. stigma by association. Stigma in all its forms can have a detrimental impact on the mental wellbeing of the person and those around them. All staff should be comfortable having a conversation with someone who is presenting in distress, understand the concept of self-management, and how to signpost people to local and national support resources.

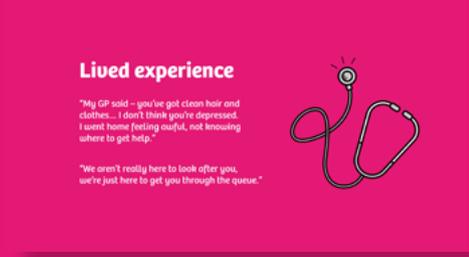
Commitment to end mental health stigma needs to be embedded in policy and practice rather being viewed as additional. Greater use could be made of the policy, political and legal drivers, and levers available to influence change in healthcare standards where reference to mental health inclusion is explicit. A blend of education, social contact and influencing are the most powerful ways to tackle mental health stigma and discrimination especially when lived experience is embedded in the approach. Leadership role modelling, inclusive policies, learning and development (literacy, safeguarding, first aid, etc.), workforce wellbeing, communication of available support, peer-led approaches and focusing on recovery are fundamental in ensuring parity of esteem between physical and mental health is achieved, as outlined within the **Mental Health Strategy 2017-27**.

Involving lived experience across the lifespan of mental health inclusion improvement work and seeing this as a measure of quality will lead to greater impact. Change is possible and people like you will end mental health stigma and discrimination in healthcare.

Session overview for the facilitator

Session title	Towards mental health inclusion: tackling mental health stigma and discrimination in healthcare
Background information	<p>We all have mental health and we know that the experience of this fluctuates depending on various physical, social, and environmental factors. Unfortunately, we also know that people with lived experience of mental health problems can face stigma and discrimination in healthcare settings. This can lead to reduced health and help seeking behaviours, and increased risk of mental illness and suicide.</p> <p>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 fair treatment if they are ill or distressed. This session provides an opportunity to discuss the foundational element of mental health inclusion and support.</p>
Aim	Explore what mental health stigma and discrimination looks like.
Learning outcomes	<ol style="list-style-type: none"> 1. Participants have increased understanding of mental health stigma and discrimination in healthcare settings. 2. Participants have a greater awareness of the impact of mental health stigma and discrimination in healthcare settings. 3. Participants have increased knowledge of strategies that can reduce mental health stigma and discrimination in healthcare settings.
Session outline	<ul style="list-style-type: none"> - Welcome, introductions and learning outcomes - Understanding mental health stigma and discrimination - Discussing potential impacts - Exploring what we can do - Resources and self-care - Reflection and close
Activities	<ul style="list-style-type: none"> ● Achievement of learning outcome 1 is supported by the definition discussion, "See me, value me" video, and the "Let's play stigma and discrimination" game. ● Achievement of learning outcome 2 is supported by the whole group discussion and "Being taken seriously" video. ● Achievement of learning outcome 3 is supported by the "Mental health stigma and discrimination matrix" activity and the "Here for you" video.
Duration	2 hours
Number of participants	8 - 15
Resources	<ul style="list-style-type: none"> - IT, internet access and the See Me website - Flipchart, pens and post-it notes - Presentation - Slides - Participant workbook - Facilitator notes - Pre-course evaluation wheel - Post-course evaluation wheel

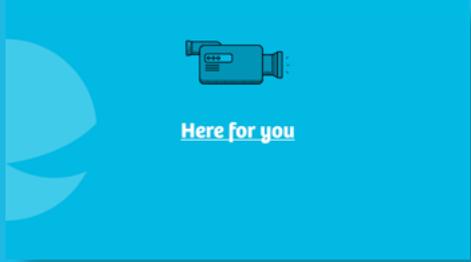
Facilitator notes and slides

Slide	Notes
<p>1 (5 mins)</p> 	<p>This workshop is designed to let you explore what mental health stigma and discrimination looks like through listening to the voice of lived experience, learning about the different types of stigma and discrimination, and discussing what can be done to reduce harm. We all have mental health; it is just as important as physical health, and the stigma and discrimination that exists around mental health is not inevitable. Through education, social contact and influencing we will end mental health stigma and discrimination.</p> <p>Learning outcomes</p> <ol style="list-style-type: none">1. Participants have increased understanding of mental health stigma and discrimination in healthcare settings.2. Participants have a greater awareness of the impact of mental health stigma and discrimination in healthcare settings.3. Participants have increased knowledge of strategies that can reduce mental health stigma and discrimination in healthcare settings. <p>Facilitator actions - Ask participants to fill in the pre-course evaluation wheel to capture a baseline.</p>
<p>2 (5 mins)</p> 	<p>Both quotes are from See Me volunteers accessing parts of the healthcare system. Lived experience of mental health problems and stigma and discrimination is at the heart of everything See Me does including how we think about and define mental health stigma and discrimination.</p> <p>Activity - In small groups, discuss what mental health stigma and discrimination means to you, and take note of key points.</p> <p>See Me, Scotland's national programme to end mental health stigma and discrimination, defines these terms as:</p> <p>Stigma: "The negative attitudes or beliefs based on a preconception, misunderstanding or fear of mental health".</p> <p>Discrimination: "When a person performs an action, whether intentional or unintentional, that creates barriers and inequality for people with lived experience of mental health problems."</p> <p>Resources: A4 or flipchart paper, post-it notes for note taking, and pens</p>

Slide	Notes
<p data-bbox="108 152 228 232">3 (5 mins)</p> 	<p data-bbox="625 152 1441 353">Consider a nurse whose self-worth is characterised by their ability to do their job well but they also have some negative feelings towards people in distress, and they are becoming dismayed by their inability to cope and their self-perceived lack or resilience.</p> <p data-bbox="625 416 1485 703">Nurses want to do their job well. If we give them some training, they will better understand their role in supporting recovery and help seeking behaviour. They might start to think more positively and demonstrate more genuine compassion. But if the structures within which nurses work do not facilitate person-centred care, the outcomes for people with lived experience of mental health problems will not improve.</p> <p data-bbox="625 766 1477 1137">Stigma can be self-protective thoughts and beliefs. Unable to deliver person-centred care due to systematic pressures or leadership attitudes, this nurse might not listen as well, or could remove decision-making power from their mental health patients. This behaviour provides a buffer to enhance resilience and could be coming from a caring place of wanting to do their best for this patient and as many others as they possibly can. Unfortunately, the result is a poor care experience for patients.</p> <p data-bbox="625 1200 1469 1487">Play video – This film provides testimony from people with lived experience of mental health problems describing interactions with the healthcare system. Whether you are an ophthalmologist, a nurse, a health visitor, a GP, or any other role, you can make a difference to patients’ experience, health, recovery, and help seeking behaviours.</p> <p data-bbox="625 1550 1251 1576">Resources: Internet link required for video</p>
<p data-bbox="108 1597 245 1677">4 (15 mins)</p> 	<p data-bbox="625 1597 1430 1798">There are three types of stigma: self-stigma, public stigma (includes stigma by association), and structural stigma, and six forms of discrimination: direct, indirect, failure to make reasonable adjustments, discrimination arising from a disability, harassment, and victimisation.</p> <p data-bbox="625 1861 1485 2018">Activity – In small groups, match up the types of stigma and discrimination to the corresponding descriptions and examples. Use the “Let’s play stigma and discrimination” materials in your workbook.</p> <p data-bbox="625 2080 1461 2107">Resources: “Let’s play stigma and discrimination” materials</p>

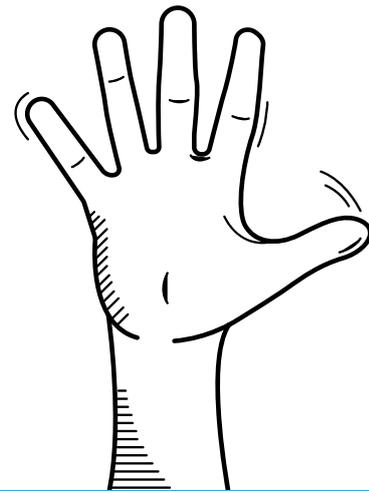
Slide	Notes
<p data-bbox="108 152 247 235">5 (15 mins)</p> <div data-bbox="108 286 582 548"> <p data-bbox="188 347 406 376">Whole group discussion</p> <ul data-bbox="188 387 343 488" style="list-style-type: none"> - Have you ever witnessed or experienced mental health stigma / discrimination? - How might this affect people? - What did you do / what could be done differently?  </div>	<p data-bbox="625 152 1412 235">The current policy context is supportive of tackling stigma and discrimination within healthcare:</p> <ol data-bbox="625 280 1476 884" style="list-style-type: none"> 1. <u>Nursing 2030 Vision</u> – Tackling inequalities, being sensitive to stigma and discrimination, establishing parity of esteem between physical and mental health, and thinking about nurses’ own mental health are all included in the vision. 2. <u>Mental health strategy 2017-2027</u> – Commits explicitly to reducing mental health stigma and discrimination. 3. <u>Realistic Medicine</u> – Puts the person receiving healthcare at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to the patient so that the care of their condition fits their needs and situation. 4. <u>Health Promoting Health Service</u> – Reduces inequalities by viewing every healthcare contact as a health improvement opportunity. <p data-bbox="625 929 1412 1142">Activity – As a whole group discuss the questions on the slide and record answers on flipchart paper. Think about your own workplaces, the policy and improvement initiatives just mentioned and how setting can affect patients’ experiences.</p> <p data-bbox="625 1198 1476 1310">Resources: Potential impacts of stigma and discrimination: facilitator notes (to be used if participants struggle for ideas), flipchart paper, and pens</p>
<p data-bbox="108 1330 231 1413">6 (5 mins)</p> <div data-bbox="108 1467 582 1713">  <p data-bbox="287 1556 406 1612">Being taken seriously</p> </div>	<p data-bbox="625 1330 1484 1713">People with mental health problems can die 20 years younger, are poorer on average and have fewer opportunities in life than the general population. They can have their rights legally limited because of mental health problems, and laws designed to protect their rights are often ignored. They are at greater risk of suicide not only due to their mental health problems but also because help-seeking is hindered. People may not seek help early enough, nor feel able to talk about their problems due to issues related to stigma and discrimination.</p> <p data-bbox="625 1758 1484 1971">Play video – This film provides testimony from people with lived experience of mental health problems describing the challenges of being dismissed, mis-diagnosed, and ignored, and the lasting benefit of compassionate, person-centred care.</p> <p data-bbox="625 2016 1252 2049">Resources: Internet link required for video</p>

Slide	Notes
<p data-bbox="108 152 247 235">7 (15 mins)</p> <div data-bbox="127 280 598 537"> <p data-bbox="183 369 343 392">What can we do?</p> <p data-bbox="183 414 359 436"><small>How could you reduce mental health stigma and discrimination?</small></p>  </div>	<p data-bbox="622 152 1460 313">We have talked about what mental health stigma and discrimination means, looks like and its impact, so what can we do about it? Let's have a discussion about what could be done to tackle this problem.</p> <p data-bbox="622 369 1468 526">Activity - Use the "Mental health stigma and discrimination reduction matrix" to coordinate your thoughts around different strategies that could be used or feel free to just put ideas down on flipchart paper / post-it notes.</p> <p data-bbox="622 582 1452 884">From academic research and practice evidence we know that a mixture of education, social contact and influencing works in reducing mental health stigma and discrimination. For healthcare this could look like training, coaching, peer support, leading by example, involving volunteers, support resources, internal communications, policies and processes, etc. A few definitions in case they are needed:</p> <ul data-bbox="622 929 1484 1612" style="list-style-type: none"> - Lived experience: people who have experienced mental health problems themselves or their supporters (family, friends etc.). - Social contact: conversations that take place between people who have lived experience of mental health problems and those who may not. This can also extend to reading, hearing, or seeing someone speaking about their story in the media, social media or in videos etc. - Mental health literacy: knowledge and understanding about mental health problems which aid their recognition, management, or prevention. - Recovery: being able to live a fulfilled life, as defined by the person, with or without symptoms. <p data-bbox="622 1657 1396 1736">Resources: Mental health stigma and discrimination reduction matrix (in participant workbook)</p>

Slide	Notes
<p>8 (5 mins)</p> 	<p>You do not have to be an expert in mental health to be able to help someone in distress. Empathy, kindness, patience, and compassion can go a long way to showing that you are willing to actively listen and are here to help.</p> <p>Play video – This film provides testimony from various healthcare professionals describing their practice and interactions with patients experiencing mental health problems.</p> <p>Resources: Internet link required for video</p>
<p>9 (5 mins)</p> 	<p>Activity - Briefly look through the “See Me resources” and “Additional resources” pages in your participant workbooks and share with the group any others worth noting.</p>
<p>10 (5 mins)</p> 	<p>Activity: “Stay Well Card” - Fold a piece of A4 paper and create a card about your mental health. Draw or write things that keep you well, kind thoughts to remind yourself of when you feel better, etc. Remember, it’s important to look after your own mental health.</p> <p>Resources: piece of A4 paper, and pens</p>
<p>11 (5 mins)</p> 	<p>Activity - Think about one tangible “next step” towards realising the actions/aspirations listed in your mental health stigma and discrimination matrix. Share it with the group, as well as any final thoughts or reflections.</p> <p>Facilitator actions - Ask participants to fill in the post-course evaluation wheel before they leave, and close the session by thanking participants for their time, attention and input.</p> <p>Please provide a 1-page report on the workshop to info@seemescotland.org consisting of collated results from participant evaluations, a list of stated “next steps”, and your reflections on the workshop.</p>

Let's play stigma and discrimination

Facilitator notes



Type	Definition	Example
Self-stigma	Self-stigma happens when people who experience mental health problems internalise public stigma.	"People shouldn't ever have to change things just to accommodate my needs."
Public stigma	The negative attitudes and beliefs held by the general public towards people with mental health problems or the people connected to them.	"I just think people say they have anxiety or depression because they are lazy."
Structural stigma	Refers to an organisation's policies or culture of negative attitudes and beliefs.	"When dealing with schizophrenic people..."
Direct discrimination	When someone is treated worse than other people because of a protected characteristic.	"Oh he is always doing that to himself... just make him wait."
Indirect discrimination	When there's a practice, policy or rule which applies to everyone in the same way, but has a worse effect on some people than others.	"Everyone needs to attend clinic appointments for this physical condition so you have to as well, it makes it fair for everyone."
Discrimination arising from a disability	Where an employer or service provider treats someone unfavourably because of something relating to their disability.	"I don't care what you are like in the morning, that's when your appointment is."
Failure to make reasonable adjustments	It's a form of discrimination not to make reasonable adjustments. This is only if a service provider or employer knows or should know about a persons disability, and the adjustments they asked for were 'reasonable'.	"The hospital cannot accommodate phased return, working from home or light duties in your case."
Harassment	When someone behaves in an aggressive or intimidating way towards someone or their behaviour creates a hostile or offensive environment for that person.	"For goodness sake I mean honestly the way you are, it's like you just don't give a damn about anything."
Victimisation	Where a person is treated badly because they complain about discrimination or they help someone who has been discriminated against.	"I'm reducing your shifts because I don't want a trouble maker around the rest of my team."

Potential impacts of mental health stigma and discrimination

Facilitator notes

- **Difficulty in asking about healthcare options and feeling involved in decisions.**
- **Isolation from friends, family and daily activities.**
- **Not feeling able to go out to places due to fear of having to tell people about how they feel.**
- **Affects the process and experience of recovery.**
- **Fear of opening up to professionals, family and friends about mental ill health.**
- **Anxiety about health due to overwhelming belief of not be listened to.**
- **Avoiding speaking to doctors about mental health concerns which means treatment and care is not given. This can also have a knock on effect on recovery.**
- **Negative experiences make it harder to ask for help.**
- **Low self-esteem from internalised stigma and associating themselves with the stereotypes portrayed about mental ill health.**
- **Physical health is often affected too, including through diagnostic overshadowing.**
- **Avoiding opportunities due to lack of confidence in abilities.**
- **Ignoring or downplaying own needs to accommodate others.**

This is not an exhaustive list, the experience (and impacts) of mental health can fluctuate and everyone experiences mental health differently.

Additional resources

World Health Organisation (2009) Mental health, resilience and inequalities (pg. 35-37).

Available at: <http://apps.who.int/iris/bitstream/10665/107925/1/E92227.pdf>.

Reiss, F. (2013) Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science and Medicine*, 90, 24-31.

Farka, M. et al. (2005) Implementing Recovery Oriented Evidence Based Programs: Identifying the Critical Dimensions.

About See Me

We are 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 Association 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 negative behaviour towards people with mental health problems, and ensure that the human rights of people with mental health problems are respected and upheld.

We believe change is needed to improve the culture of mental health so its impact on every aspect of our lives including where we live, learn, work and receive care is not ignored. When we struggle with our mental health we often face stigma and unfair discrimination in all these areas. See Me is focused on four settings where stigma is most prevalent and has the most detrimental impact: in education, healthcare, communities and workplaces.

See Me encourages workplaces to get involved in campaigns and activities that support employees to open conversations about mental health, and build the capacity of line managers to support employees to stay in/return to work when they experience mental health problems. Visit our website for details: www.seemescotland.org.