SOCIAL RENEWAL ADVISORY BOARD: CALL FOR IDEAS **Deadline: 23rd October** **Email/Queries: socialrenewal@gov.scot**	
ORGANISATION:	See Me — End mental health discrimination
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BRIEF SUMMARY OF ORGANISATION:	See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives. We are working to change negative attitudes and behaviours towards mental health by creating a movement for change, bringing people together across Scotland who are passionate about tackling stigma to work as one.
DEMOGRAPHIC SUPPORTED:	We want to change the culture around mental health so people feel confident to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against. We are targeting key settings where people face stigma and discrimination: **in work, education, health and social care, and in their communities.** Our work involves collaborating closely with people with lived experience of mental health problems. Our volunteers, including our Community Champions and Youth Champions, shape our work across all programme areas by drawing on their own experience and expertise. We have worked on intersectional themes, where mental health overlaps with equality issues, with organisations such as LGBT Health and Wellbeing, Deaf Scotland, Glasgow Association for Mental Health (GAMH), the Diverse Voices group, and Feniks, who work with the Polish community.

| IDEA THEME: | From the themes covered by the board, our ideas are concerned primarily with attitudes and discrimination. However, See Me's position is that mental health stigma and discrimination are entwined with all other aspects of mental health improvement activity: wellbeing interventions, action to prevent mental health problems, providing early intervention   and provision of support, treatment and care and addressing inequalities arising for people with poor mental health . As such, our ideas also relate to themes such as housing and place, work, and public services. |

YOUR IDEA: What needs to change to build a Fairer Scotland, learning from the response to the COVID pandemic?

Summary

This response is divided into three sections. The first explores the negative impacts of COVID-19 on mental health and related issues of stigma and discrimination, using evidence from See Me and Mental Health literature reviews and focus groups, amongst other sources. But we also emphasise the positive effect of the lockdown period in terms of amplifying discussions around mental health, and the need to harness this moment.

The second section explores some examples of best practice in reducing mental health stigma and discrimination – including in the context of the pandemic – based on See Me's programmes with children and young people, in workplaces and health and social care settings, and in the wider community. We emphasise the importance of three themes in particular to achieving positive change: social contact; including voices of lived experiences; and treating mental health stigma and discrimination as intersectional issue.

The final section relays some ideas for reducing mental health stigma and discrimination as we move through and beyond the COVID-19 period. These are directed at government, the third sector, employers, and businesses, and include the following priorities:

1. Finding new ways to include authentic and impactful social contact in programmes to reduce mental health stigma and discrimination, particularly in digital environments and where physical distancing is necessary

2. Ensuring that people with lived experience are truly central to the delivery of programmes to tackle mental health stigma and discrimination, including programmes focused on the impact of COVID-19, and those operating remotely or digitally due to the effects of the pandemic; being mindful of the effects of self-stigma and digital exclusion on the ability of people with lived experience to engage with digital programmes

3. Acknowledging the importance of mental health services and facilities, including those which may have been deprioritised during the pandemic, to mental health management and treatment routines; placing these facilities at the front of the queue for reopening, and finding innovative ways to move services online where possible, while being mindful of issues around digital exclusion

4. Placing human rights, equalities, and intersectionality at the centre of mental health stigma and discrimination work, including work focused on the effects

of COVID-19; empowering people from equality groups and communities, particularly those unevenly impacted by COVID-19, to lead action for recovery and change

5. Working with intersectional partners to ensure that materials and resources focused on reducing mental health stigma and discrimination, particularly in the context of COVID-19, are accessible, accurate, and clear

6. Progressing collaborative action with partners (including lived experience) to address the stigma, discrimination and inequality that people living with mental illness experience

7. Harnessing the power of social movements and 'protest influence' to create positive change against stigma and discrimination, with a focus on remote and digital tactics

8. Using the amplified cultural discussion around mental health and isolation during the pandemic to emphasise the importance of reducing mental stigma and discrimination, particularly that faced by groups unevenly impacted by the pandemic, and by people with severe and enduring mental health issues

Section 1: Background

The mental health impacts of COVID-19

COVID-19 has had a pronounced impact on Scotland's mental health. People experiencing mental health issues represent a large and diverse community facing a number of risks which must be mitigated to build a fairer and more equal Scotland as we move beyond the pandemic.

The mental health impacts of the pandemic will not be felt homogenously: different groups and individuals, including those with protected characteristics, will be affected in different ways. Nonetheless, work undertaken by See Me and the Mental Health Foundation – including a desktop review of published and grey literature on the impact of COVID-19 on mental health and an overview of available academic COVID-19 studies[1] – reveals various interrelated issues. These concern the mental health impacts of both the pandemic and government responses to it:

- A general increase in levels of depression, distress and anxiety following a significant lockdown period

- Anxiety around travelling outside again, particularly visiting crowded places, using public transport, and returning to work or school

- Higher depression and anxiety levels for young people, those living alone,

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[1] Mental Health Foundation, *Overview of Available COVID-19 Studies* (2020).

those with low household incomes, those with diagnosed mental health problems, people with children, and people living in urban areas

- Poor mental health outcomes connected to more pronounced physical risks for certain groups, including BAME communities, those living in overcrowded or poor-quality housing, and those facing multiple forms of deprivation

- More depression and anxiety faced by people with no diagnosed mental health issues, and around people with little or no experience of engaging with it

- People advised to shield reporting particularly poorer mental health during lockdown

- Anticipated longer-term mental health effects for people working in front-line health and social care, those who have survived illness, and those impacted by bereavement, as well as those facing long-term job risks and financial insecurity

- The picture around the mental health impact of COVID-19 is still emerging

The full impact of the pandemic on mental health stigma and discrimination is not yet known. However, a survey of thirty See Me volunteers with pre-existing mental health problems, exploring their experiences during the pandemic, confirmed many of the above issues and also highlighted some further ones:[2]

- Stress and guilt around struggling to adhere to restrictions

- Anxiety caused by ambiguity, inaccessibility, or inaccuracy of information (particularly given different regional and national approaches to COVID measures)

- Loss of access to services that were important to treatment or management of conditions, particularly services not related to COVID-19 which may be deprioritised

- Inability to access new remote health technologies such as online appointments due to digital exclusion or illiteracy

- A feeling of isolation due to lockdown and shielding measures and physical distancing

- The possibility of people being triggered by reminders of past traumas, such as poverty, grief, substance issues, etcetera.

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[2] See Me, "Experiences of mental health stigma and discrimination during the Covid-19 lockdown" (2020).

Mental health stigma and discrimination during the pandemic

Our review of the literature suggests a mixed picture in terms of the impact of COVID-19 on mental health stigma and discrimination. Our commissioned review of academic and grey literature revealed one notable positive, in that mental health was increasingly openly discussed in the media and wider culture. This discursive shift has the potential to create a culture of decreased stigma and discrimination around mental health if it is properly harnessed.

Offsetting this, our survey of See Me volunteers revealed significant experiences of stigma and discrimination during lockdown. Most significantly, 54% of participants felt that self-stigma had increased during this time (27% felt it had increased slightly, 27% a lot). This was due to a variety of factors:

- Guilt around struggling with mental health while others were battling the virus, exacerbated by media coverage of the pandemic (potentially resulting in underreporting of physical symptoms associated with COVID-19)

- Guilt around experiencing poor mental health when "everyone is going through the same thing", in terms of lockdown and changes to lifestyle

- Pressure to use time in lockdown productively or creatively when "just managing" was a real achievement

- Isolation, allowing feelings of shame and guilt to dominate mental landscape

- Disruption of routines connected to self-care

- Inability to access mental or general health appointments and/or social or community activities that had helped people to manage their mental health. (This could be exacerbated in turn by self-stigma and concerns around catching COVID-19.)

Some participants also reported facing stigma or discrimination from external sources during lockdown: 28% said stigma had increased (21% slightly, 7% a lot) while 24% said mental health discrimination had increased slightly (none felt it had increased a lot). Sources of stigma and discrimination included family members, healthcare professionals, work colleagues, and managers, with the most common issues faced including: having mental health problems belittled; being left out of online activities. Several interviewees were concerned that mental health stigma and discrimination were being deprioritised despite the pandemic's potentially significant mental health impacts.

Bearing the above evidence in mind it is vital, as several of our volunteers told us, that the increasingly open public discussion around mental health during COVID is both

sustained and harnessed in order to reduce stigma and discrimination around mental health.

It is also important to ensure a rights-based approach to tackling mental health stigma and discrimination, particularly in the context of COVID-19. This will partly mean focusing on protected groups such as BAME communities who may have been adversely impacted by the physical and economic impacts of COVID, and on groups who may be facing unfair stigma for their perceived behaviour during the pandemic, such as young people and students.

Section 2: What works to tackle stigma and discrimination? See Me's approach

This section explores some of See Me's previous and ongoing work – with children and young people, in health and social care, in workplaces, and in the community – to show how best practice around mental health stigma and discrimination can lead to positive change in a range of environments. We focus in particular on themes of social contact, including voices of lived experience, and intersectionality. These lessons are particularly important in the context of the lockdown, which is likely to have caused or exacerbated a range of issues around mental health stigma and discrimination.

2a. Social Contact

Using social contact to tackle mental health stigma and discrimination involves planned interactions between people with different experiences of mental health – including people who have experienced mental health stigma and discrimination and people who haven't – who are brought together for a common purpose. Academic evidence suggests that social contact is effective in changing attitudes even amongst those who hold the most stigmatising views. However, to be most effective, it must be targeted, local, credible, and continuous.[3] Social contact is ineffective when a power imbalance exists between members of stigmatised and stigmatising groups. We have embedded a social contact approach into much of our work

EDUCATION AND YOUNG PEOPLE: Our Education and Young People programme involves training young people aged 16-25 with lived experience of mental health issues to develop a nuanced understanding of mental health stigma and discrimination, increasing their own literacy before taking their knowledge into the wider community to promote understanding and help-seeking behaviours. Key resources have been developed to ensure that activity is embedded and sustained, including our What's On Your Mind resource pack for schools and educational environments, common language cards, and modular training for 12-25 years.

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[3] Based on See Me's *What Works* literature review (2015).

COMMUNITY CHAMPIONS: Social contact is also at the heart of See Me's Community Champions programme, which supports adults (aged 18+) with lived experience of mental health stigma and discrimination to design and deliver projects and events in local communities and communities of interest throughout Scotland.

WORKPLACE PROGRAMME: We have been supporting some employers engaged in our See Me in Work Programme to recruit employees with lived experience of mental health problems to build their capacity to champion anti-stigma approaches and build in social contact activities within their workplace.

MEDIA AND COMMUNICATIONS: Social contact is also important to our media and communications work. We believe that listening to, watching, or reading about a real person and their experiences is one of the most effective ways of changing the way people think. Whether in the media, in the office, at school, in local communities, or with friends and family, stories make the difference. These stories should not just tell people how it is, but also offer solutions, relaying people's experiences of others helping them to overcome mental health stigma and discrimination, for example, by asking them if they are ok or telling them it's ok to be struggling.

MAINTAINING SOCIAL CONTACT IN LOCKDOWN: It is important that social contact is maintained as an aspect of work on stigma and discrimination even when physical contact is not possible. This is particularly true of our youth work, as evidence shows that young people want to learn from peers and not from adults on mental health. See Me's Youth Champion volunteers currently maintain social contact through a blended online learning model. This is offered to staff and students in three local authority areas, using a range of methods and tools to support discussion, self-directed learning, and wider community involvement and action.

From March 2020, See Me also began to move its wider volunteer-led work online. This was the beginning of the programme of activity that became our Anti-Stigma Summer Sessions. These sessions comprised Q&As, conversations, workshops, and performances. By engaging audiences through accompanying online chats, we were able to establish new methods of social contact and open up conversations with new audiences.

As regards our workplace programme, we produced tailored messages for employers to use in their communications, and we supported Police Scotland North Division to run a digital version of our Pass the Badge campaign to encourage virtual social contact; we also helped the Law Society of Scotland to engage their membership in tackling mental health stigma and discrimination.

2b. Lived Experience

People with lived experience of mental health problems, and of associated stigma and discrimination, should be central to the design and management of anti-stigma and discrimination work. Some academic writing supports such an approach as an ethical imperative, and while less is known about its practical effectiveness, there is also evidence that people with lived experience of mental health stigma and discrimination may recognise these dynamics a unique way.[4]

See Me has made sure that people with lived experience are central to our programmes of work. This does not mean, however, that people with lived experience are obliged to share their experiences, nor does it mean "parachuting in" people with lived experience to contribute to a brief phase of service design before taking the remainder of the process out of their hands.

EDUCATION AND YOUNG PEOPLE: the students and young people involved in this programme are not obliged to disclose their mental health experiences. However, as a prerequisite of engagement with the programme (after applying through their institution or organisation) they are invited to acknowledge that they, like everyone, all have mental health. After training they are invited to play a central role in developing programmes, action plans, and activities to create positive change, including by acting as role models and facilitating activities from our What's On Your Mind resource pack for junior students, staff, and parents/carers.

COMMUNITY CHAMPIONS: Likewise, there is no obligation or expectation within the Community Champion programme for volunteers to make disclosures about their mental health. The value of people with lived experience leading projects, providing inputs into meetings, leading training and workshops, or designing services goes beyond simply sharing their story, and is vital to achieving real diversity of thought. However, when people do choose to share experiences of stigma and discrimination from their own lives, this can be hugely powerful.

WORK PROGRAMME: Although our own programmes do not require people to disclose their experiences, under the Equality Act (2010) employers are required to put in place reasonable adjustments for employees when disclosing a mental health problem (as long as it meets the criteria). Our workplace programme encourages employers to create the conditions for safe, effective and pertinent disclosure.

We supported Police Scotland North Division to support a group of employees with lived experience to tailored our Let's Chat tool, which provides tips and good practice examples of conversations between line managers and employees. In addition to this, we supported one of the employees to tell their lived experience story in a video

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[4] Based on See Me's *What Works* literature review (2015).

that has been shared across the division in their intranet.

We have also supported employers to promote the See Me in Work e-learning module to employees. The module aims to build awareness and understanding amongst line managers and employees of the impact of stigma and discrimination on employees with lived experience. It uses fictional scenarios to illustrate situations where employees are subjected to mental health stigma and discrimination. One of the teams in Police Scotland North Division has been going through one chapter per month, building in time for team discussion after watching each chapter.

MAINTAINING A FOCUS ON LIVED EXPERIENCE IN LOCKDOWN: We have continued to emphasise a lived experience model during lockdown, including through our media work on stigma and discrimination. Recently we announced a new ambassador, BBC Radio 1 Newsbeat presenter Shiona McCallum, who shared her story of self-stigma and what helped her. Shiona's story was shared on BBC Radio Scotland, and in the *Herald*, *Daily Record*, *Sun*, and *Express*.[5]

Our advice and support to employers engaged in our See Me in Work programme during the Covid-19 pandemic has focused on supporting internal communications around the importance of opening up conversations about mental health with employees, ensuring that line managers are able to discuss employees' mental health needs and direct them to available support.

2c. Intersectionality

As the Scottish Government notes in its COVID-19 mental health recovery plan, the pandemic has exacerbated pre-existing structural inequalities, putting some communities disproportionately at risk in terms of both mental and physical health.[6] Bearing this in mind, it is more important than ever that anti-stigma and discrimination work takes an intersectional approach, acknowledging how mental health problems can be exacerbated by – and can exacerbate – adversities faced by particular communities and individuals. Partnership working has been vital to See Me's intersectional approach to particular types of mental health stigma and discrimination.

LGBT HEALTH AND WELLBEING: We have partnered with LGBT Health and Wellbeing to tackle mental health stigma and discrimination within the LGBT community and from an LGBT perspective. This has involved helping LGBT Health and Wellbeing to recruit and train LGBT Community Champions who are raising awareness of mental health stigma and discrimination within their communities and wider society. See Me Proud Community Champions have attended events such as Pride and the Scottish

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[5] See Shiona's ambassador profile: www.seemescotland.org/about-see-me/our-ambassador/.
[6] Scottish Government, *Mental Health – Scotland's Transition and Recovery* (2020), p17.

Mental Health Arts Festival, and have developed and delivered training to future Champions.

DEAF SCOTLAND: See Me has also partnered with Deaf Scotland to explore the difficulties faced by people with visual or hearing impairments in accessing mental health services and information. See Me and Deaf Scotland worked with Deaf Links and ITV SignPost to release a series of awareness videos in BSL to encourage deaf people to speak about how they are feeling and seek support when they're struggling with their mental health. We hope that these videos will break down stigma around mental health issues and encourage deaf people to talk to others. We have also launched an accessibility tool on our website to ensure that our movement for change is accessible to everyone.

FENIKS AND GAMH: See Me has also partnered with Feniks to look at reducing mental health stigma and discrimination for the Polish community in Scotland. This has involved training Polish Champions and running one of our Pass the Badge campaign in Polish. Most recently, we have worked with Feniks on our report *Mental Health and Suicides Among Polish Men in Scotland* (2020), which explores the high suicide rate amongst Polish men in Scotland (almost twice as high as for Scots). Our work with Feniks has really flourished during lockdown, in part due to some barriers to access being removed by remote working, enabling a network of committed organisations and individuals to emerge. See Me has also collaborated with Glasgow Association for Mental Health on some work with the BAME community.

Section 3: Ideas for "supporting people and communities at risk"

See Me's programme work with children and young people, in health and social care settings, at work and in communities, suggests several possible ideas for government, the third-sector, businesses and employers, to mitigate the negative impacts of COVID-19 on mental health stigma and discrimination in Scotland.

Priorities for government, third-sector, and businesses to better support people and communities at risk due to mental health stigma and discrimination include:

1. Finding new ways to include authentic and impactful social contact in programmes to reduce mental health stigma and discrimination, particularly in digital environments and where physical distancing is necessary

2. Ensuring that people with lived experience are truly central to the delivery of programmes to tackle mental health stigma and discrimination, including programmes focused on the impact of COVID-19, and those operating remotely or digitally due to the effects of the pandemic; being mindful of the effects of self-stigma and digital exclusion on the ability of people with lived experience to engage with digital programmes

3. Acknowledging the importance of mental health services and facilities, including those which may have been deprioritised during the pandemic, to mental health management and treatment routines; placing these facilities at the front of the queue for reopening, and finding innovative ways to move services online where possible, while being mindful of issues around digital exclusion

4. Placing human rights, equalities, and intersectionality at the centre of mental health stigma and discrimination work, including work focused on the effects of COVID-19; empowering people from equality groups and communities, particularly those unevenly impacted by COVID-19, to lead action for recovery and change

5. Working with intersectional partners to ensure that materials and resources focused on reducing mental health stigma and discrimination, particularly in the context of COVID-19, are accessible, accurate, and clear

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8. Using the amplified cultural discussion around mental health and isolation during the pandemic to emphasise the importance of reducing mental stigma and discrimination, particularly that faced by groups unevenly impacted by the pandemic, and by people with severe and enduring mental health issues

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