

With Fairness in Mind

Working together to
end mental health stigma
and discrimination

2021–2026



Overview

See Me is Scotland's national programme to tackle mental health stigma and discrimination.

See Me has been leading anti-stigma work in Scotland since 2002. Starting out as a campaign to challenge attitudes around mental illness, it has adapted over time to become a multi-layered programme focusing on system, culture and behaviour change at individual, community and socio-cultural levels.

The programme is funded by Scottish Government, guided by people with lived experience and managed by Scottish Association for Mental Health (SAMH) and the Mental Health Foundation.

It makes a major contribution towards delivering the national Mental Health Strategy 2017-2027¹, Scotland's Suicide Prevention Action Plan 'Every Life Matters'² and the Coronavirus: Mental Health Transition and Recovery plan³.

Ultimately, we are working towards achieving the Scottish Government's commitment to creating '*a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination*'.



1. <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>
2. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/08/scotlands-suicide-prevention-action-plan-life-matters/documents/00539045-pdf/00539045-pdf/govscot%3Adocument/00539045.pdf>
3. <https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/>

With Fairness in Mind sets out our strategy for the next funding period (2021-2026), during which we will:

- Achieve change at scale to tackle the deep rooted stigma and discrimination that directly affects people who experience mental health problems in Scotland today.
- Make Scotland a global leader in anti-stigma activity.
- Increase learning by gathering, applying and testing the evidence of what works to change attitudes, behaviours and cultures to end mental health stigma and discrimination.



Evolution of See Me

2002-2013

National campaign:

- **Awareness**
- **Understanding**
- Social marketing
- Campaigning – mental health problems/illness
- Communications
- Lived experience voices
- Employer pledges

2013-2016

Re-founding of See Me:

- **Understanding**
- **Behaviour change**
- Settings-based change programmes
- Social marketing
- Communications and media
- Lived experience volunteers

2016-Present

Complex multi-layered programme:

- **Behaviour change**
- **Cultural change**
- Settings-based programmes to influence system-wide change
- Lived experience/ social contact
- Social marketing/ media – targeted campaigning, digital

Tackling stigma as foundational to all action to improve mental health.

The context

Scotland is facing extraordinary challenges arising from the COVID-19 pandemic. These are uncertain times for most people. The full impact on people's mental health is not yet known but it is widely recognised the psychological effects of the crisis will be severe and long lasting⁴.

Data suggests that some aspects of stigma are reducing^{5,6}:

- Mental health is being talked about now more than before.
- Public awareness of mental health has increased.
- People are becoming more sympathetic towards those who seek support.
- More people are reaching out for support for their mental health for the first time.



- **When mental health stigma and discrimination are removed, people feel listened to, valued, included and respected; they have better access to and experience of services and sources of support; and they are more likely to achieve the outcomes that are important to them.**

It is important we take forward action to build on these positive trends and momentum. In parallel, however, the inequality experienced by people and groups has increased since lockdown started⁷.

- People with experience of long term and enduring mental health problems are facing greater levels of stigma and additional economic and social challenges; and describe facing additional challenges in education, in securing and sustaining work, and in accessing personalised health and social care.
- People who experience dual and multiple stigma due to wider identities relating to race and ethnicity, disability, sexuality, gender identity etc. are also adversely affected.

It is essential we understand more about how stigma and discrimination are affecting people experiencing mental health problems at this time, and as a result of the pandemic. We will adapt and refresh the programme's focus annually to respond to the particular challenges that emerge, to embrace opportunities and to act on our learning and experience of what works to make a difference to people's lives.

4. <https://www.gov.scot/publications/scottish-covid-19-mental-health-tracker-study-wave-2-report/>

5. <https://www.mentalhealth.org.uk/scotland/coronavirus>

6. Venkatesh, A. British Medical Journal (2020); 369 doi: <https://doi.org/10.1136/bmj.m1379> (Published 06 April 2020).

7. Allwood, L., and Bell, A. (2020) Covid-19: understanding inequalities in mental health during the pandemic. Centre for Mental Health. [Online] Available from: <https://www.centreformentalhealth.org.uk/covid-19-inequalities-mental-health> [Accessed 1 July 2020].

People in Scotland describe experiencing mental health stigma in a number of ways including:

Public stigma

Stigma within families

Self stigma

Structural stigma

Intersectional stigma

Stigma by association – living with someone experiencing mental health problems





Our vision

Our vision is of a fairer and more inclusive Scotland, free from mental health stigma and discrimination.



Our mission

Guided and supported by people with experience of mental health problems, we challenge mental health stigma and discrimination.

We influence 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.

Our values

Respect

We treat our volunteers, the people we work with and our team with dignity, and respect the contribution they make.

Collaboration

We develop trusting relationships through understanding and responding to the needs of our stakeholders.

Integrity

We are authentic, reliable, credible and evidence informed.

Excellence

We are experienced and committed to reflection, learning and continuous improvement.



Our outcomes

We seek to achieve long-term change, where:

- People live in a society where they are not ashamed of a mental health problem.
- The rights of people with experience of mental health problems are realised in settings that impact their lives.
- Mental health stigma and discrimination are reduced in communities and organisations, and this has a positive impact on people's lives.
- People with experience of mental health problems are valued and enabled to contribute fully to society.

Tackling stigma and discrimination, and addressing the barriers they create, is foundational to any action to improve mental health. Doing so creates the best conditions for mental wellbeing, preventative action and early intervention; for personalised support, care and treatment; and for recovery.



For the duration of this strategy we are working to achieve the following change:

- People in the populations we target feel confident to talk openly about their mental health and their experience of stigma and discrimination.
- People in the populations we target feel confident to have supportive conversations with individuals who are experiencing poor mental health.
- People with experience of mental health problems feel more confident to challenge mental health stigma and discrimination.
- People in the settings we work in recognise mental health stigma and discrimination, and know how to challenge and take action against it.
- Leaders in key settings and organisations create inclusive cultures and take action to tackle mental health stigma and discrimination.
- Policy and decision makers on a national and local level resource, design and implement policies, systems and services that explicitly reduce mental health stigma and address discrimination.

Our approach

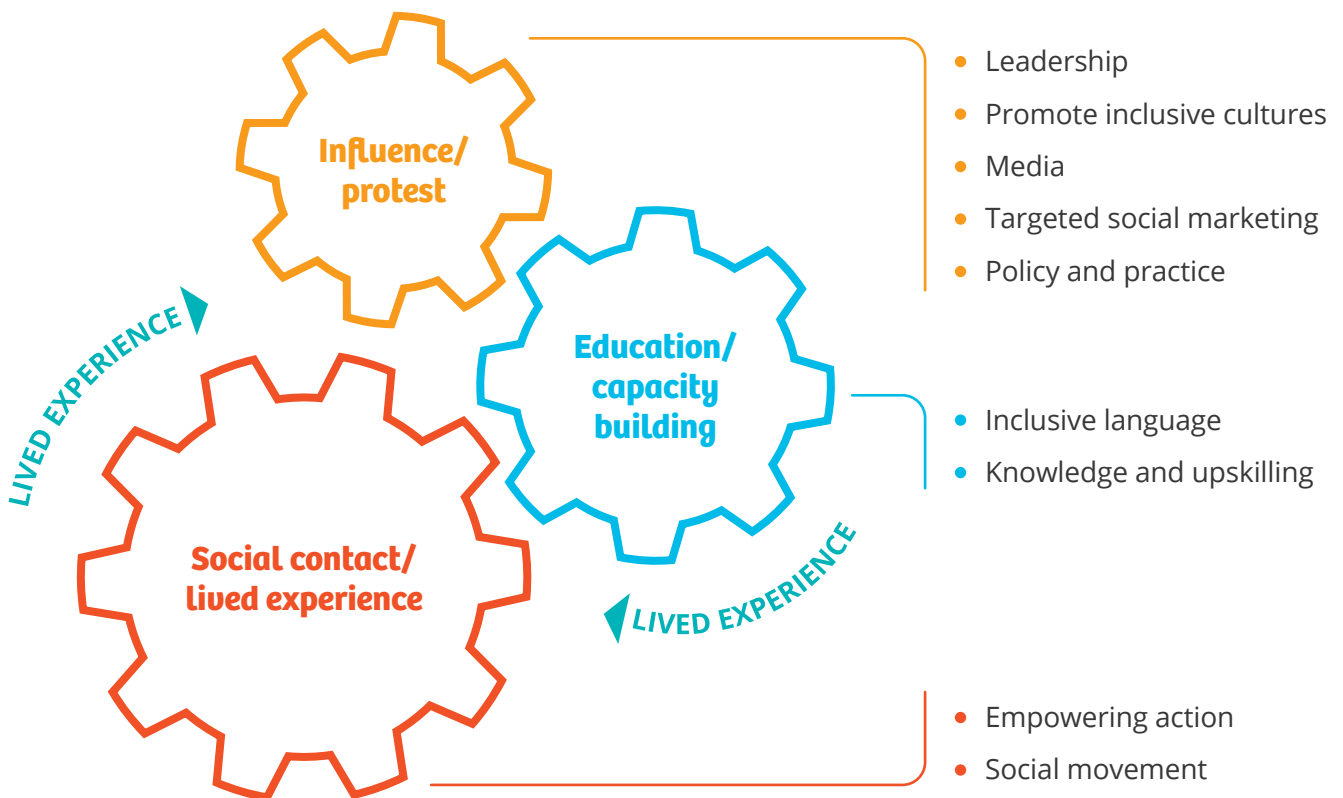
Addressing stigma and discrimination requires a system-wide approach that seeks to influence policy, practice, prejudice and behaviours.

- Through a blend of social movement, community development and improvement methodology, we work with volunteers, supporters and partners to drive forward lasting change that has positive impact on people's lives.
- We promote mental health inclusion, working to create environments and cultures where people are able to speak out about experiencing a mental health problem without fear or recrimination; and when they do, they are treated equitably, with dignity and respect.

- We will continue to champion for equality and human rights based approaches to become the norm, in the firm belief that discrimination experienced by people that have lived with or are living with mental health problems will reduce significantly as a result – particularly those who experience more complex and severe mental health problems.

Our approach is underpinned by learning and evaluation of what works – both our own and from around the world. Everything we do is informed by the experience of people living with, or having lived with, mental health problems. All aspects of our work include three core elements, widely recognised as essential in tackling stigma and discrimination: education/capacity building, social contact, and protest/influencing. These are illustrated in the diagram below.

People who have lived with, or are living with, mental health problems are central to successful action to end stigma and discrimination.



Our focus

Our work will focus on three interrelated strands of activity:

1

Communications, policy and public affairs

Working alongside national and local campaigns and programmes to add specific experience and focus on mental health stigma and discrimination.

Supporting both universal and targeted messaging to engage more people, boosting awareness and shifting negative public attitudes. Influencing the design and implementation of policy, legislation, research and evaluation.

2

Communities and priority groups

Prioritising engagement of people at greatest risk of experiencing mental health stigma and discrimination. Identifying and working with priority populations and equality groups, and connecting with local partnerships and infrastructures.

3

Priority settings

Prioritising the settings where people experience greater levels of stigma and discrimination. Influencing the workforce, and improving people's access to the service and their experience of it, by challenging structural discrimination.

Our key activities

To achieve the change needed See Me will:

Lead

Provide strong national leadership, opinion and voice to encourage and support change.

Support

Network, champion and empower more people with lived experience to be directly involved in decisions and actions that lead to change.

Build

Build capacity and confidence in individuals, communities and the workforce to take action to end stigma and discrimination.

Partner

Inspire, encourage and support stakeholders to address stigma and discrimination as foundational to any action to improve mental health.

Challenge

Challenge inequality and promote the human rights of people with experience of mental health problems.

Share

Collate, share and build evidence and learning of what works for different settings and groups.

Our model of change is illustrated in Annex 1.



Glossary of terms



Behaviour change

Transformation or modification of human behaviour. See Me adopts a broad range of activities and approaches that focus on influencing behaviour change at individual, community and environmental levels.

Co-production

Co-production means ensuring an equal and reciprocal relationship between professionals, people using services, their families and their neighbours, so they all have the opportunity to become more effective agents of change.

Discrimination

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

Human Rights Based Approach (HRBA)

A human rights based approach empowers people by helping them to understand and claim their rights, and by increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling these rights. We work to embed the PANEL principles in our work and to support implementation of rights-based approaches in practice and system improvement activity.

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 inclusion

A socially-inclusive approach that includes recovery-oriented practice, an emphasis on social outcomes and participation, attention to the rights of people with mental ill

health or intellectual disability, as well as to citizenship, equality and justice, and stigma and discrimination.

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.

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

Social movement

Social movements have been used to challenge health and social inequalities affecting disadvantaged individuals, groups and communities. They are often called different things, including collective action, community empowerment and social innovation, but they all have the intention of challenging inequality, exclusion and injustice to complex social problems.

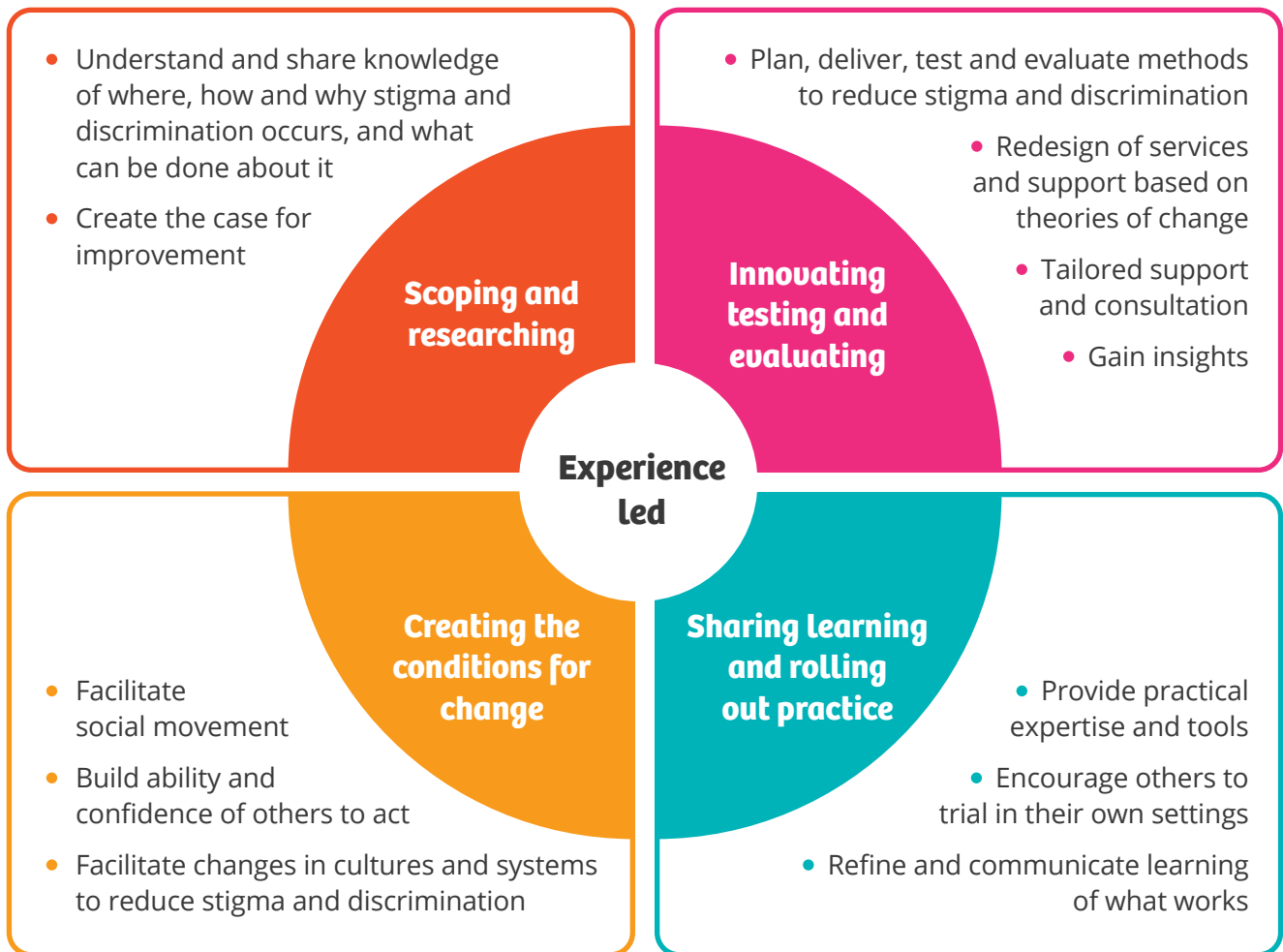
Stigma

The negative attitudes or beliefs based on a preconception, misunderstanding or fear of mental health and/or mental health problems.

Annex 1: The See Me model for change

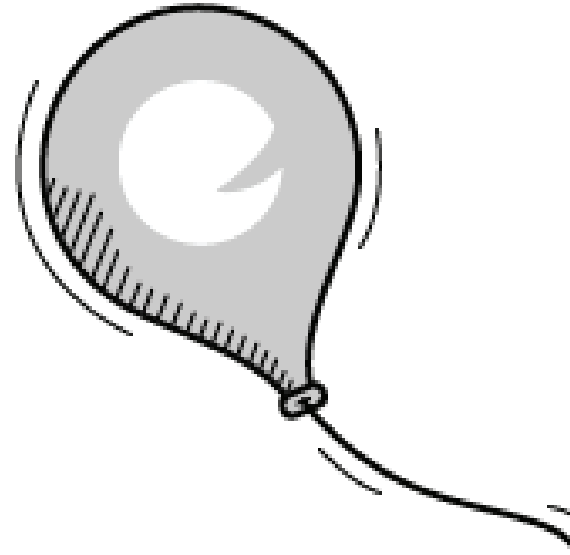
See Me facilitates lasting change through influencing, inspiring and enabling change in behaviours and cultures.

We place the knowledge of what works into the hands of the people who will have the most impact.



This will be supported by:

- An experienced, knowledgeable and adaptive team
- A comprehensive communications and engagement plan
- An enhanced digital presence (access to learning, tools, materials)
- Learning and development resources
- Strong focused partnership working (nationally, locally and with communities)
- Expert consultancy and support
- Increased involvement of people with lived experience at all levels
- Enhanced networking and peer learning



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