

See Me: A Long Term Approach to Addressing Mental Health Stigma

Highlands and Islands Ecosystem Inverness

13th May 2019





Nature of Mental Health Stigma

See Me's Response

The Impact



Stigma

What is stigma?

Mark of shame / disgrace associated with a characteristic of that person.

Various origins: in Greek a mark made by a sharp object. Medicine: the scar associated with a disease.

Mental health stigma often easier to understand as prejudice.





Self-stigma:

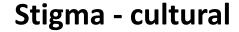
Arises from prejudicial attitudes.

Personal – media stories internalised.

Reinforcing lived experience.

Often worse than diagnosis.





The phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute.

Stigma is a process by which the reaction of others spoils normal identity.

- Erwing Goffman



Experiences

"I had one GP who every appointment asked me if I had a drink problem or used drugs. I accepted this for the first and second appointments. But in the following appointments I found this insulting and frustrating. I very rarely drink and have never touched drugs. She even commented one day that I must be feeling better as I was not wearing dark clothing for a change."



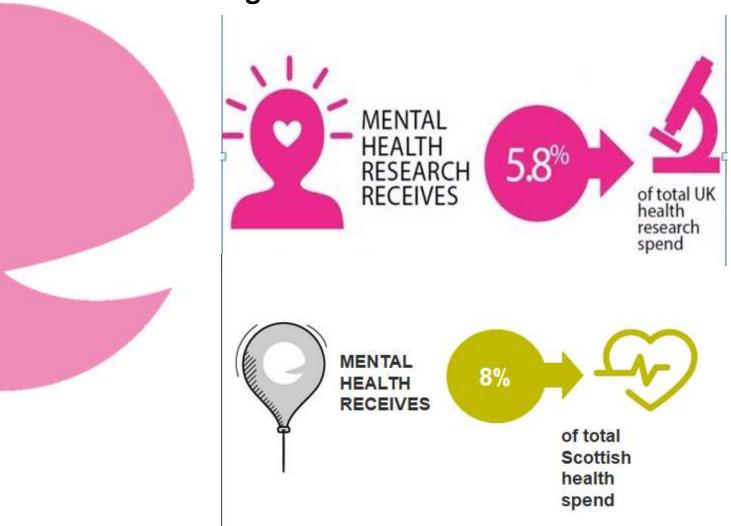


"Societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing for [people with mental health issues]"...

Hatzenbuehler, M. L. et al (2014) Structural Stigma and All-Cause Mortality in Sexual Minority Populations, Journal of Social Science and Medicine, 103: 33-41



Stigma - structural





Stigma – institutional

Institutional policies and practices are stigmatising or discriminatory.

Lead to restrictions and reduced choice.

Curtail human rights and freedoms.

Reduced opportunities.



ABOUT > NEWS >

Mental health discrimination 'built into' Work Capability Assessment

23 Feb 2017



<u>Work capability assessments</u> discriminate against people with mental health problems and should be 'redesigned entirely', according to a new report from Heriot-Watt University.



Context – where are we now?

Our Voice Citizen's Panel:

69% witness unfair or different treatment because of their MH.

57% willing to have a relationship with a person who has a mental health problem.

90% comfortable talking to another person about that person's MH.

94% would speak to a health professional.





Speaking Out





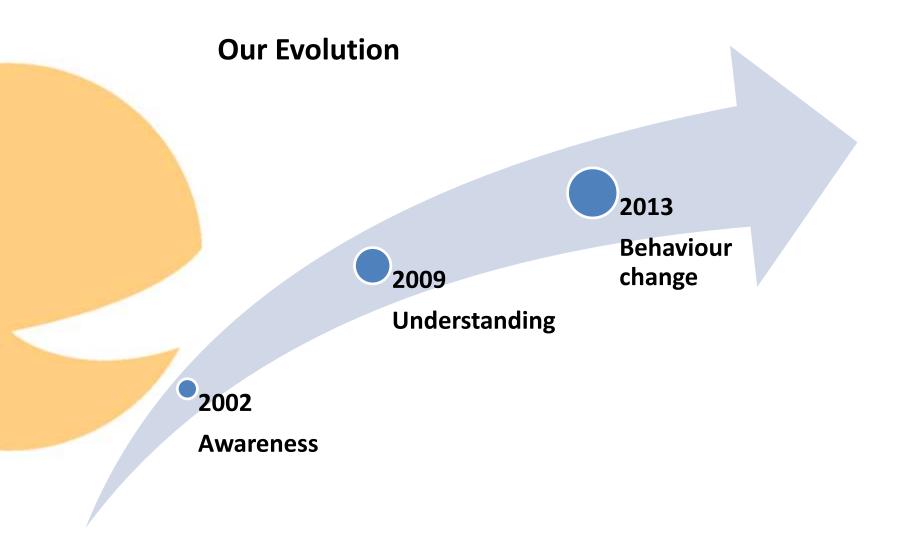


Scotland's programme to end MH stigma and discrimination since 2002.

Changing Minds, Changing Policy and Changing Practice > to achieve **behaviour change**.

Now requires a comprehensive programme.







Our Approaches

Theory	Key Approaches
Social Contact	Social Movement (Lived Experience) Campaigns E-learning
Protest	Campaigns Influencing Challenging (e.g. media)
Education	Resources Across Programme Training
Legal Constraint	Equality Law Human Rights Effective Policy and Practice





Social Contact:

Individual and proxy conversations to dispel prejudices from a lived experience perspective.

Changing Policy:

Health, education and employment.

Changing Practice:

Improvement planning in key settings (schools, employers, health and social care).

Campaigning:

Getting key messages across.

Catalysing progress in programmes.

















3 WEEKS OF PLANNING **60 CUPCAKES BAKED**

1 ROOM BOOKED

50 COLLEAGUES TALKIN



Comms & Campaigns





However you do it, make a conversation about mental health.











ON YOUR



Evaluation: What Works?

Overall: successful at creating environment to challenge MH S&D.

Campaigns with community events catalyse progress across settings.

Training (esp. stories) build confidence.

Peer lead works for peers and settings.

Changing perceptions.

But: greatest impact on S&D is less clear.



Conclusion

Stigma still with us

A comprehensive approach

Action beyond a campaign

Leadership in organisations

Policy - practice - culture

Make a start: See Me's resources