



# Anti-Stigma Toolkit

How to reduce mental health stigma & discrimination

*"Mental illness is nothing to be ashamed of but stigma and bias shame us all" (Bill Clinton)*

A recent survey (*see the results in 'mental health and stigma'*) highlighted three areas of life where people living with mental health issues experienced the most stigma: family / social circle; primary care -GP practices and acute hospitals and, in the workplace with managers and colleagues. So we have produced this toolkit as a guide for you to reduce mental health stigma and discrimination.

Who is this toolkit for?

Are you someone who has been affected by mental health stigma or discrimination? Directly - living with mental health issues? Or indirectly - as a carer for instance?

Are you someone who can see prejudice, a lack of understanding and tolerance in others? At work, in college, social circles, community environments, even within mental health services? But maybe you feel unable to do anything about it?

The End Stigma Surrey anti-mental health stigma and discrimination toolkit is for everyone who believes people who live with mental health issues deserve respect and understanding. *And* for anyone who thinks otherwise!

### **Mental Health issues – the Image**

What do we imagine when we see the words mental ill health?

Images of someone head in hands? Negative language such as 'nutter', 'psycho', 'loser'? Someone with no future who can't or won't contribute to society?

To understand our reservations and perceptions, we need to look beyond the image that some of us have...

### **Mental health issues – the Reality**

The reality of mental health is that at times people who live with a mental health problem feel utter despair and loss. But mental ill health does not have to be a life sentence of misery, a lack of fulfilment or achieving very little. Just ask the CEOs of major blue-chip companies who are at the top of their game yet live with a mental health issue.

The reality is: anyone, anywhere, at any time in their lives might experience mental distress or a diagnosable mental health problem. But a mental illness never defines who you are.

The reality is this:

Our mental health is a part of who and what we are. Just as our physical health. Our mental health has the same needs as our physical health: attention; nourishment; care and special treatment and support if something impacts its functioning, in the short, medium or long term.

## What is mental ill health?

When we talk about physical ill health or a physical condition, we often name it. We say we have a cold, a gastro-intestinal problem, long-term back ache, asthma or diabetes, cancer, heart problems. We generally know how these things are treated, cured or managed. That helps us understand.

With mental ill health we tend to not call it by its name - depression; anxiety; bi-polar disorder; personality disorder; psychosis; schizophrenia and so on. Many of us have very little idea of how these diagnoses are treated, cured or managed. So we don't understand. As a consequence, we may be wary, fearful even...

This toolkit is about helping us to better understand and respond to people who live with mental health issues. Through understanding comes change – of attitudes, behaviour, hearts and minds. By-product? Ending mental health stigma and discrimination for good.

We set out here the basic knowledge and practical tips to combat mental health stigma and discrimination.

Simple communications, starting a conversation, learning about mental health generally; all these things lead to greater awareness and a reduction in prejudices, behaviours and attitudes around mental health.

## What is mental health stigma and discrimination?

One description of stigma is:

*“Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different.”*

*(California Strategic Plan on Reducing Mental Health Stigma and Discrimination)*

But of course, it isn't as simple as that: stigma can be experienced in many different ways. Direct and deliberate. Subtle and obsequious. Unknowingly and innocently.

Broadly mental health stigma can be categorised as:

“Public stigma” - the attitudes and feelings expressed by many in the general public toward persons living with mental health issues – and often their carers.

“Institutional stigma” - when negative attitudes and behaviours about mental illness, including social, emotional, and behavioural problems, are incorporated into the policies, practices, and cultures of organizations.

“Self-stigma” - when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate. This can lead to many individuals never talking openly and denying themselves the help and support from which they would benefit.

What are people who live with mental health issues saying:
<i>“What people perceive affects how they think, talk and behave.”</i>
<i>“Mental health stigma/discrimination is the result of out-of-date ideas, pre-judgments and bias”.</i>
<i>“Such attitudes form a barrier to understanding mental health issues.”</i>
<i>“For people struggling with emotional upheaval or mental distress stigma can limit or prevent them seeking help and support.”</i>

### What is the impact of mental health stigma?

At its worst stigma and discrimination might exclude people who live with mental health issues from areas of life many see as normal and expected.

For instance:

- getting and keeping a job
- having and keeping a safe place to live
- being accepted by their family, friends and community
- finding and making friends or having other long-term relationships
- taking part in social / sport activities

Self-stigma can lead to:

- believing the negative things that other people and the media say about mental health
- having lower self-esteem due to feelings of guilt and shame
- feeling anger that becomes internalised as people think they have no way to change attitudes

At its heart and baseline this toolkit is about: **communications**

### Beyond the ‘Label’

*“Mental health problems don’t define who you are. They are something you experience. You walk in the rain and you feel the rain, but, importantly, YOU ARE NOT THE RAIN.” (Anon)*

A diagnosis does not define who someone is or what they can do, how they live. Yet it can be helpful to chart a journey to recovery or for maintenance of symptoms and to be able to speak openly to others.

The more common mental health problems that 1 in 4 of us are likely to experience at some point in our lives are:

- Depression
- Anxiety
- Generalised Anxiety & Depression (GAD)
- Bi-polar disorder
- Borderline Personality Disorder

No diagnosis is or should be a barrier to work, study, friendships, fulfilment

### Spotting the signs

*“People who need help sometimes look a lot like people who don’t need help” (unknown)*

A broken leg you can see, a mental health problem you can’t. It’s arguably one of the main barriers to understanding.

Here’s a couple of thoughts for us all to consider:

When someone you know is struggling there can be tell-tale signs. Not just a mood or a moment, but more sustained behaviour. Such as (this is not an exhaustive list):

- *Isolating oneself from family / friends*
- *Feeling anxious or depressed*
- *Unable to do things that maintain wellbeing*
- *Continuing to work from home – too anxious to go into the office or anywhere*
- *Routines disrupted or ignored*
- *Lack of motivation*
- *Feeling stressed all the time*
- *Not sleeping*
- *Feeling trapped*
- *Fatigue – feeling lethargic*
- *Loss of confidence*
- *Loss of sense of self*
- *Suicidal thoughts*

Ask yourself - does something appear out of character – not just an ‘off-day’, more than a passing phase? Do you instinctively feel concerned for someone you know?

### Communications tips:

Ask. Ask Twice.

It is up to us all to see beyond the 'label' or better still not see anything at all! and to do our best to challenge and change things. Rather than *see* a difference, we can *make* a difference.

It's good to

T.     A.     L.     K.

Time – it's a premium for most of us but 5 minutes helping someone in mental distress can be a time and money saver in the future.

Approach – how you start a conversation is vital; use open questions such as 'how are you?' / 'You don't seem yourself – tell me what's happening for you?'

Listening – we need to listen - not vaguely hear because we are thinking about what we need to do or where we need to be - when someone who is opening up about his or her mental health issues; this leads to understanding and knowledge

Kindness – and compassion - is a sign of strength, integrity and intelligence – not weakness.

Styles of communications and active listening skills:

Open questions can have a powerful role in talking to someone. These request style questions prompt more than a one-word answer - make T.E.D your best friend!

- *Tell* me.....
- *Explain* to me.....
- *Describe* to me..

Probing questions:

who; might help you to deal with the problems  
what; are the things that are particularly distressing you  
where; (and when) do you feel some of these things you are experiencing began  
when; do things become difficult; what might trigger the feelings  
how; might you become more resilient to these feelings

Enquiring questions:

- Why is that so important to you?
- Why does that mean so much to you?
- Why does that matter so much to you?

Leave gaps after a question to help someone process their response. It may be 'I don't know'. Be patient and try another question, another way.

### Listen Up!

- Listen – carefully to what someone has to say
  - Interpret – what's been said and whether there is any risk attached
  - State – your impression (I can see how difficult this is for you)
  - Test – your interpretation (Am I right to think this is unbelievably tough for you?)
  - Enable - your client / colleague to feel they can be open and honest with you
  - Note - what they have said and how it has impacted on you
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- Understand - their needs and
  - Progress - to the next stage – that might be practical help, creating a wellbeing plan, referral to a clinician, contacting family

Avoid these communications traps:

- Combative - quell the feeling to be challenging - avoid trying to get someone to 'buck up' or 'get a grip'!
- Passive - hearing without listening - particularly if you think you know the precise meaning of what's been said – you really may not;
- Sentimental - imagining we're listening with compassion but actually attributing our own feelings to who is speaking (Ah, I know – I feel like that.... );
- Autobiographical - using our own frame of reference, our own mind-set: doing this leads to us checking against our beliefs (and therefore likely judging) and advising e.g. 'I had the same experience' – we all experience things differently even though there can be similarities
- Leading - influencing the answer e.g. asking a question to which someone can only answer yes or no – 'do you think you could have avoided this situation?'
- Long - if you are anxious dealing with a situation you may 'over-speak' and go on and on, leaving the person you are trying to help feeling baffled;
- Several questions - this leads to misunderstanding and confusion.

Talking to someone to encourage them to open up about feelings, fears, specific situations that are worrying does not have to be complicated. Using minimal 'encouragers' can help – words like 'and?', 'go on...', 'what else?' and ensuring body language (nods of the head / no folded arms) are positive and can help someone feel comfortable and confident to speak.

Other methods include paraphrasing, using non-judgmental language, summarising and mirroring – all counselling style communication tools that we all do or can use every day.

The right interaction, at the right time, can help someone feel and know that their fears and concerns matter and are being taken seriously. Mental ill health is a lonely place if people can't open up about how they feel.

The most important thing to do is to talk, using open questions. Put to the back of your mind any anxieties you may have and try to be open and honest.

Take time to talk: you may have a deadline to meet, a place to be, but spending 10 minutes with someone may save hours, days, weeks or even months of suffering for them – and, within an organisation, risk / crisis management for you. It may even save lives.

Giving advice and trying to 'fix' someone may be unwelcome, and hard anyway when you don't know the circumstances. But by listening and showing support, you can reach out. Gaining trust is the springboard to being able to help.

The final thing to remember to understand and to help reduce mental health stigma and discrimination:

**Don't judge before you can talk...**