

## **Reducing Stigma and Discrimination: What Works?**

**Showcasing examples of best practice of anti-discrimination projects in mental health**

### ***Conference Report***

*The material in this report was presented at the Rethink / Institute of Psychiatry conference held in Birmingham on 26<sup>th</sup> June 2003.*

The conference had a *video box* where delegates could share their experiences of combating stigma and discrimination in mental health. The *video box* was run by two members of staff from mental health media who work on their Open–Up Anti-Discrimination Toolkit project. This is a survivor lead project helping people with experience of mental distress to: take effective action; create and get involved in successful local anti-discrimination initiatives; work with others; get in touch and team up with people who share the same goals; build on and sustain their work in future. For further information please visit [www.openuptoolkit.net](http://www.openuptoolkit.net)

How can we stamp out stigma? Views from the video box:

*“We’ve all got to work together and find our place in the world because we’re part of humanity – humanity is us. There is no us and them really.”*

*“Be honest, be up front with what is wrong with you and don’t be scared, because then you can actually start to rebuild your life and work on others.”*

*“I’m surprised just how many people are out there actually promoting mental health. It would be a good idea for us all to stay in touch and exchange ideas.”*

*“The system’s got to change before anything is going to make a difference and I would like to help make that happen.”*

## Preface

The 'What Works' conference in Birmingham in June 2003 drew together people from Ireland, Scotland, Wales and England to share experiences on how we can reduce stigma and discrimination in mental health. The event was organised by the Mental Health Awareness in Action Programme – a joint initiative between Institute of Psychiatry and Rethink severe mental illness. This report summarises the main points raised during the day and profiles programmes that are active in the community addressing discrimination against people with mental health problems.

Stigma, discrimination and social exclusion in mental health are big problems – for people living with mental health problems, for carers and supporters and for people who work in the mental health field. As one conference delegate put it: “Nine, ten years of my life I was self-stigmatising but it was caused by the world around me – ignorance, fear, prejudice.”

The National Service Framework for Mental Health under standard one provides a policy framework for anti-discrimination initiatives. Up and down the country people are tackling these issues in their local communities. The issues can and need to be tackled on many levels to ensure that society changes the way people with mental health problems are viewed and treated. At the forefront of initiatives to reduce discrimination are mental health service users, and at the Birmingham conference a third of delegates were people with direct experience of mental distress - current service users and survivors - sharing their expertise on how to make a real difference.

We need to 'stamp out stigma' and this should be driven by best practice standards in anti-discrimination work. There is a long way to go before we can provide definitive answers to the question “what works to reduce stigma and discrimination in mental health?” The evidence base in this area is poor. However, in this report we bring together expert thinking and practical examples of programmes that can make a difference. We hope it will be useful for the delegates who attended on the day and provide inspiration to our colleagues across the mental health field who are committed to promoting the rights of people with mental health problems.

I am very grateful to the team who helped organise the event and all those who contributed on the day.

A handwritten signature in black ink that reads "Vanessa Pinfold". The signature is written in a cursive style and is underlined with a single horizontal line.

**Vanessa Pinfold**

Mental Health Awareness in Action project coordinator

## Why address stigma and discrimination?

*“Study after study shows that the impact of stigma and discrimination continues to be a major concern for users of mental health services, yet we hear little of what can be done about it. This landmark event brought together projects which are successfully challenging prejudice at the workplace, in the community and, yes, even in health and social care services themselves, and are making a real difference to people’s quality of life”.*

David Brindle – Conference Chair, Guardian Newspaper

### The discrimination problem in the workplace:

- Rarely are more than 10% of people with mental health problems in employment. Those that are, work fewer hours, for less pay in roles that under utilise their skills
- The government’s mindout anti-discrimination programme found that only 10% of companies have an official policy on mental health
- A recent survey of employers by the Department for Work and Pensions found only 37% would in future take on people with a mental illness compared to 62% with physical disability, 78% long-term unemployed and 88% lone parents

### The discrimination problem in some other areas:

- People’s stereotypical attitudes: friends, neighbours, family members; health professionals - particularly GPs, A&E staff, psychiatrists; bus drivers, shop keepers, school children, police officers and others
- Hidden discrimination in the health service – poor physical health of people with mental health problems
- Double disability – mental health stigma and racism, mental illness and homophobia, gender inequalities and psychiatric treatments found within the NHS and wider society
- The media portrayal of mental illness
- Compulsion but no right of access to treatment for mental health service users
- Inequalities - being unable to do jury service, being seen as ‘unreliable witnesses’, difficulties adopting and fostering children, problems of obtaining insurance

Stigma and discrimination are consistently identified as major barriers to recovery by people with mental health problems, their families, friends and those working in the field of mental health. They act as a ‘social disability’ causing equal if not more distress than the mental health problem. Where double disability and discrimination is felt – on grounds of race, gender, sexuality, learning difficulties as well as mental ill-health – multiple obstacles to ordinary everyday living are encountered because of lack of respect and understanding of cultural diversity as well as poor public mental health literacy.

*“I left this conference buzzing - lots of new ideas and affirmation that I was heading in the right direction with the work I was doing. Also, I was arranging a conference about stigma and discrimination for later in the year, so this conference was invaluable for getting ideas and information. I also found it enjoyable and stimulating to meet up with people who have a similar passion and to realise that I’m not alone in my thinking and work.”*

Tania Marsh, Mental health Promotion specialist, Barnet PCT

## **Contents**

### ***PART ONE: PLENARY SPEAKERS***

An evidence base for anti-discrimination actions Graham Thornicroft	6
Stigma, discrimination or social exclusion: which word? Peter Byrne	7
National Institute for Mental Health in England: reducing stigma and discrimination Antony Sheehan	8
Hey look at me – and think! Janey Antoniou	9
Why research: Discovering, empowering and reducing discrimination through user-led research Alison Faulkner	10
Where next for stigma and discrimination work? Paul Farmer	11

### ***PART TWO: BEST PRACTICE EXAMPLES FROM LOCAL PROJECTS***

Act Up! – Dudley	12
York and District Mind	13
Inside Out – Caerphilly	14
Speak Up Somerset	15
Working Well project – London	16
Utec Empowerment Training Consultancy – Warwickshire	17
New Way Forward – Trafford	18
Mind Your Head, Tameside and Glossop Mind	19
Mindout for Mental Health – National Campaign based in London	20
Maidstone Mental Health Awareness Group	21
Sevenoaks Mental Health Awareness Group	22
Beyond the Cuckoos Nest – Rotherham	23
Lambeth Mental Health Awareness Project	24
Rethink Families –based in London	25
Hearts and Minds – Hertfordshire	26
Media Action Group for Mental Health – based in Staffordshire	27
Mind, Body and Soul – Norwich	28
Rethink Sahayak – Kent	29
Key references	30
Web site addresses	30

## **An evidence base for anti-discrimination actions**

*Graham Thornicroft, Professor of Community Psychiatry at the Institute of Psychiatry.*

*Summary:* The evidence base addressing 'what works' for anti-discrimination actions in mental health is poorly developed. We can learn lessons from other rights based movements – race, gender, sexuality, disability – but here too the evidence base is on the whole weak. Much more needs to be done to build a robust knowledge base of effective anti-discrimination actions.

Emerging knowledge base in mental health can be found through:

- World programmes e.g. World Psychiatric Association [www.openthedoors.com](http://www.openthedoors.com)
- National programmes e.g. Like Minds, Like Mine [www.likeminds.govt.nz](http://www.likeminds.govt.nz), Depression Awareness [www.beyondblue.org.au](http://www.beyondblue.org.au) in Australia, Mindout for Mental Health [www.mindout.clarity.uk.net](http://www.mindout.clarity.uk.net) and the See Me Campaign, [www.seemescotland.org](http://www.seemescotland.org) in the UK and in the USA work of both the National Alliance for the Mentally Ill [www.nami.org](http://www.nami.org) and the National Mental Health Association [www.nmha.org](http://www.nmha.org)
- Mental health promotion literature [www.mentality.org](http://www.mentality.org)
- Service User / Survivor led projects e.g. mental health media [www.openuptoolkit.net](http://www.openuptoolkit.net), and the strategies for living projects at the Mental Health Foundation [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)
- Research programmes e.g. Chicago Consortium for Mental Health [www.stigmaresearch.org](http://www.stigmaresearch.org), Mental Health Awareness in Action [www.rethink.org/research](http://www.rethink.org/research),
- Local programmes (see later sections of this report).

However, although there are many 'actions' for reducing discrimination, in terms of the evaluation or evidence-base of what is effective in practice, this type of knowledge base is under developed. Current thinking leads us to pinpoint the following factors that are important for reducing stigma and discrimination:

- Multi-faceted and multi-level approaches e.g. lobby parliament, reform mental health services, expand advocacy services, tackle media reporting of mental illness, deliver educational workshops and empower service users. All these approaches add something to the task of reducing discrimination.
- Address deep underlying belief systems (held by individuals, communities and society) that produce prejudice, negative attitudes and discriminatory behaviours towards 'other people'
- Promote positive personal contact between people with experiences of mental distress and people with a poor understanding of both mental health and mental illness. Contacts are particularly effective when people are brought together as equals, working in co-operation to achieve tasks.

*One example of an emerging evidence base:*

Research studies addressing stigma and discrimination often seek to measure changes in knowledge, attitudes and self-rated behavioural intentions. Over-looking inherent problems associated with these concepts, studies, including those by Mental Health Awareness in Action, are showing that targeted educational programmes to reduce discrimination do have an impact on an audience's 'attitudes' towards people with mental health problems and participants' ability to work with individuals in distress (see Pinfold et al 2003). These are particularly successful where mental health service users are an integral part of the training team.

The Institute of Psychiatry and Rethink partnership is currently developing a new programme of work to improve evidence based anti-discrimination actions. They announced this new programme in Birmingham and invited individual and organisations to get in touch if they would like to work together to address 'what works' across different settings. They also stressed that a culture change within the research community was needed to ensure that service users were more involved in promoting the user perspective in research. Interested in evaluating 'what works?' Contact: [k.mclellan@iop.kcl.ac.uk](mailto:k.mclellan@iop.kcl.ac.uk) or 020 7848 0735.

# Stigma, discrimination or social exclusion?

Peter Byrne, Senior Lecturer, University College London ([p.byrne@ucl.ac.uk](mailto:p.byrne@ucl.ac.uk))

*Summary:* Stigma is the biggest barrier stopping people asking for help. The disability inclusion approach promoting the rights of people with mental health problems was presented as the most useful way forward for overcoming mental health prejudices and social exclusion.

The language of prejudice? Words describing prejudice include sexism, homophobia, ageism and sizeism. But, there is no word to describe mental health prejudice despite the prolific range of terms that are evidence of the prejudices poured onto people living with mental health problems e.g. Schizo, nutter, crazed, maniac, loony, batty, headcase, sandwich short of picnic and lunatic.

Instead of mental health prejudice we have the concept of 'stigma', defined as: prejudices, based on stereotypes resulting in discrimination (Corrigan and Lundin, 2001). For discrimination to be enacted the process must take place where power relationships are impacting on the stigma process. Although stigma does still have currency in the mental health world, in the UK we are increasingly talking more about 'active' discrimination and the consequences of social exclusion.

Liz Sayce (2000) in her book *Psychiatric patient to citizen*, provided four different models for addressing stigma, discrimination and/or social exclusion.

The journey from psychiatry to citizenship can be supported by the:

1. Brain disease model
2. Individual growth model
3. Libertarian model
4. Disability inclusion model

The brain disease model also known as 'no fault' approach – it's an illness like any other - lacks most credibility. The danger is that people don't believe the no-fault argument or if they do, they adopt a paternalistic approach and place the ill-person in the role of victim.

Individual growth – considers a continuum or spectrum of mental health and illness. In this model, good mental health, emotional distress triggered by bereavement and enduring psychosis are related experiences. There are however concerns that this does not address 'them and us' stereotypes and prejudices. 'Depression' and 'anxiety' are recognised as common experiences for 'us' but stereotypes still surround 'them' – the serious mental illnesses such as 'paranoid schizophrenia', 'psychosis' or 'manic-depression'. The continuum approach has been critiqued as advocating for the status quo rather than attitude shifts involving cultural change, though it is a popular approach particularly in mental health promotion.

Libertarian approach – equal rights and equal criminal responsibility for mental health service users. Concern that the net result will be a series of losses for people with mental health problems rather than gains particularly in the courts and workplace.

Disability inclusion is the favoured approach because it is a call to address discrimination in every arena and promote the rights of people with mental health problems. The disability inclusion model promotes the concept of social inclusion on civil rights grounds and not just paternalistic 'help'. Disability is viewed as the impairment plus the effects of socially imposed barriers and prejudices faced by the individual.

In line with a disability inclusion approach, focus has moved from stigma and discrimination to the language of social exclusion. In anti-discrimination / disability inclusion practice many are turning to rights based values where respect for difference is prioritised and a growing proportion of work in this field is being delivered by mental health service users.

# **NIMHE: reducing stigma and discrimination**

*Antony Sheehan, Chief Executive NIMHE and Group Head for Mental Health (at the time).*

*Summary:* Overview of National Institute of Mental Health in England's (NIMHE) work to challenge stigma / discrimination and improve the mental health of people in England through work programmes within NIMHE regional development centres, and in collaboration with the Social Exclusion Unit.

## **The problem of mental ill health today**

- Mental health services account for 12% of health spending
- WHO predict that mental health will become the main cause of chronic illness burden during this century
- Around a third of all GP consultations have a mental health component
- More sick notes are issued for stress, anxiety and depression than for any other disorder
- Mental illness costs the economy about £32 billion every year
- Suicide is the biggest killer of young men
- 630,000 people use specialist mental health services every day
- Social outcomes for people with psychosis are far poorer: less likely to own a home, to be married or co-habiting, to be economically active, will have less GCSE qualifications and poorer physical health.

## **New paradigm for mental health service delivery**

- Engagement, support and treatment
- Prompt and accessible
- Consumer and family narrative paramount
- Community perspective
- Enabling system - access to wider resources of community
- Address inequalities
- Culture and gender
- Address stigma

## **Why challenge stigma and discrimination**

- Civil rights issues
- Because stigma hurts!
  - Inhibits access to care and restricts employment
  - Reduces chances of securing mortgages/insurance
  - Challenges development of community-based services and social exclusion

## **NIMHE priority work groups**

- Employers
- Media
- Communities - diversity
- Young people
- Women
- Primary care

## **What NIMHE hopes to achieve?**

- Climate for open and informed, non-stigmatising discussion of mental health issues
- Engaged communities - more accepting
- Engaged families and service users
- Empowerment for people with mental health problems to participate in society to their fullest possible extent
- Action in the mental health system itself
- Respect and dignity

Since this talk was given the NIMHE have produced a five-year strategy "From here to equality" and set up a new programme. For more information on the work of NIMHE please visit [www.nimhe.org.uk](http://www.nimhe.org.uk)



# Hey look at me – and think!

*Janey Antoniou, writer and trainer on mental health issues*

*Summary:* Personal experiences of being on medication for schizophrenia and depression, being a mental health trainer delivering awareness sessions to many groups but in particular police officers across London, and speaking out to the media about living with schizophrenia to reduce stigma and discrimination in mental health.

Thoughts on stigma:

- Most people are unaware and have not thought about the impact and problems of stigma in mental health
- Stigma is difficult to defeat – as it requires everyone to want to defeat it
- When thinking about stigma we often think about sensitised media headlines. Most people tend to read things that re-enforce their belief system, that's why they read the same newspaper all the time. It's also why it's so hard to change people's attitudes.
- Stigma is also much more insidious than you would think. For example stigmatised images of 'the mentally ill' are found in the plot of Agatha Christie novels, in TV drama, in films and in our psychiatric hospitals.

Stigma – real life, real people

- Few people with mental health problems have a job – why is this? Part of the explanation lies in the unhelpful and inaccurate stereotypes that people hold about "people with mental health problems"
- Do we stigmatise ourselves? Self-stigma is itself a problem. When I was first ill I was very scared of what was happening to me. I am now more aware of stigma and discrimination and take actions to tackle them in myself and in others

What I have learnt from training the police, GPs, hospital staff, social services, users:

- Most people I train have very little training experience on dealing with mental health problems from a user's perspective and are (mostly) interested to learn anything that will help them in their work
- There can be ambiguities in the law which are not the professional's fault
- Regardless of how I have personally been treated, the people I train are not "the enemy"

What the professional has learnt from me:

- I am a person – with problems like anyone else
- What it is **actually** like to have a mental health problem
- Examples of good and bad practice by professionals
- That mental health service users remember what has happened to them – how you treat a person makes a difference
- My views on medication and psychiatric treatment and the effects these have had on me

What the police have said about the training I've provided:

- Make it longer
- Thank you very much for your time and honesty, your openness was really appreciated
- I am very grateful that the user talked to us openly about her problems and the problems other people face. More of this is needed in the police service to help us have a greater understanding of how it is to deal with people properly and not like criminals.

To contact Janey about the training she provides please e-mail: [janey@antoniou.clara.co.uk](mailto:janey@antoniou.clara.co.uk)

# Why research? Discovering, empowering and reducing discrimination through user-led research

Alison Faulkner, Survivor and trainer ([alison.faulkner2@btinternet.com](mailto:alison.faulkner2@btinternet.com))

*"I am tired of being talked about, treated as a statistic, pushed to the margins of human conversation. I want someone who will have time for me, someone who will listen to me, someone who has not already judged who I am or what I have to offer...I am waiting to be taken seriously"*

**Summary:** One way of reducing discrimination in mental health is to provide more opportunities for people with mental health problems to participate in the very activities which are shaping their lives. One opportunity for empowerment and reducing discrimination is through research – not only as research participants but as researchers, doing our own research.

## **Presentation**

Over the past few years there has been both growing interest and recognition of user-led research and a visible increase in the number of programmes adopting this approach. What is distinct about user-led research?

- Founded upon frustration with clinical academic research
- Based upon service users / survivors wanting to explore our own research priorities e.g. spirituality, self-help, complementary therapies.
- Opportunities to re-claim value of our own experiences
- Valuable because we can ask different questions and record different answers
- The research is independent of services and professionals
- We can also challenge models of understanding

Some examples of projects and activities which have embraced user and survivor led research are:

- Strategies for Living projects at the Mental Health Foundation ([www.mentalhealth.org.uk](http://www.mentalhealth.org.uk))
- SURE (Service User Research Enterprise) at the Institute of Psychiatry ([www.iop.kcl.ac.uk](http://www.iop.kcl.ac.uk), SURE is within the Health Services Research Department)
- User Focused Monitoring (UFM) projects through the Sainsbury Centre for Mental Health ([www.scmh.org.uk](http://www.scmh.org.uk))
- Evaluation of Assertive Outreach Team, Lincolnshire (SchARR)
- SURESearch, University of Birmingham
- Slough User Led Consultation Group

Research has an empowering potential and can lead to the reduction in discrimination towards people with mental health problems. This is played out through both the research process and the outcomes of user-led research:

- The research process can:
  - Build individual skills and confidences
  - Provide opportunities for reflection and analyse experiences
  - Enable individuals to take control
- The content of research programmes can:
  - Highlight the effects of discrimination and the power of belonging and acceptance
  - Emphasise strategies and self-management

*"Research has its part to play in developing solidarity among psychiatric system survivors, and helping to raise the expectations of those who have been 'educated' to live with an unacceptable quality of life. Survival research can be a small but key part in the move to seize freedom within an oppressive and excluding society."*

# Where next for stigma and discrimination work?

*Paul Farmer, Director of Public Affairs, Rethink*

*Summary:* Suggestions for future directions included easy to use evaluation tools to build the best practice evidence base, networks to ensure that we keep talking to each other sharing our experiences to help others learn, work in partnerships within and beyond the mental health works and putting users and carer at the heart of all programmes.

## *Presentation*

The mental health field contains a growing movement that is contributing to improved understanding of 'what works' to reduce discrimination in mental health. We have:

- An expanding evidence base
  - Local, national and global programmes with promising evaluation data
  - However, do need more robust and appropriate tools – which are easy to use - to track changes over time
- Clear examples of local good practice
  - 20 groups here today sharing their work
  - Variety of audiences being targeted
  - Variety of means used to get messages across
  - Under resourced but very energetic
- Strong involvement of users and carers
  - User led anti-discrimination programmes
  - Partnership working with users and carers
  - The heart of anti-discrimination work is personal experience
- Effective partnerships both within mental health and other rights based areas
  - Talking to each other is a key to success
  - Learning from activities in Disability Rights Commission, Commission for Racial Equality, Terrance Higgins Trust
  - Look at the New Zealand experience – we can learn from their partnership projects but we must also demand similar funding levels to achieve our goals
- A new generation of anti-discrimination campaigners
  - We are talking about more than stigma
  - We are approaching the problem on several levels using advertising, PR, personal interventions and campaigning activities for legal changes

What is really exciting is that the stigma / discrimination campaigns that the voluntary sector have been running for years, and the work that mental health promotion and community development activists have been championing is finally gaining greater recognition and strategic direction because 'social inclusion' and 'anti-discrimination' work is clearly on the government policy map. The news is not all good, funding for standard one of the national service framework is inadequate and the task of removing the taboo of mental health is an enormous one. However, by working together, by placing users and carers at the heart of our programmes and by being committed to building and sharing our best practice expertise we tackle the three biggest problems in mental health today: prejudice, ignorance and fear.

Rethink's anti-discrimination work is an on-going work programme, including research with the Institute of Psychiatry through Mental Health Awareness in Action. Rethink Week (13<sup>th</sup> – 19<sup>th</sup> September 2004) is also dedicated to tackling stigma with a range of activities. For more information about Rethink's anti-discrimination activities please contact:

[david.mcdade@rethink.org](mailto:david.mcdade@rethink.org)



Act Up! is Dudley's premier theatre company looking at mental health issues from a user perspective. They are sponsored by local health and social services to create and perform drama productions around mental health issues. The theatre company is made up largely of present and ex-mental health service users and their carers.

**Aims of the group:**

- De-stigmatise mental ill-health by using performance art
- To allow a wide variety of people in the community to explore and understand mental health issues
- Provide supportive work experience for service users

**Current productions:**

Nutter meets the world - general training to reduce the stigma of mental illness

The Cloakroom Schools Project - Developed for 14-16 year olds. Based on four scenes addressing bullying, stress, anxiety and depression.

Bad the boss, stairway to success, good the boss - Developed for employers. Based on personal experiences of the company addressing employment

On the banks of the river Ganga - World Theatre Project One. Story including movement, dance and shadow puppetry about making friends.

**Top Tips:**

- It is very important to let the creativity of the members be an integral part of the project
- Groups develop over time, the Act Up project evolved from a drama group within a local day centre
- Ensure sufficient statutory funding is gained early on, because other funding is time limited. If the project is part time only a small amount of money is needed.

*"I like meeting new people and working as a team and Act Up helps me to communicate and feel more confident, I am learning new skills and I like having the opportunity to combat prejudice" (Member of Act Up).*

**Project Contact Details**

Judith Neith, Act Up Project, Criterion House, 120 King Street, Dudley DY2 8NZ.

01384 869898

E-Mail: [actup@rethink.org](mailto:actup@rethink.org)

[www.actupformentalhealth.co.uk](http://www.actupformentalhealth.co.uk)

# York and District Mind Advocacy Service.

Peter Donaldson

I am the manager for the York Mind Advocacy project and I have schizophrenia. In my work I have the opportunity to make a difference in terms of reducing discrimination both in the workplace and wider community.

## **My aims:**

- To be open about the fact I have schizophrenia and I work as a manager
- To value and respect the qualities and insights people with mental distress have as volunteers / employees and to nurture and develop them
- To value and encourage clients, to respect them as individuals and not illnesses and to challenge others on their behalf to respect them too
- To train health professionals about how to interact with and encourage people to make their own recovery rather than limit and control their clients
- Encourage everyone to take personal responsibility

## **Training exercise: Understanding disability**

Purpose - to enable participants to appreciate the disabling impact prescribed medication can have on your speech.

Arrange participants in pairs, and identify person A and person B. Person A is asked to 'chat-up' person B in half of the pairs and in the other half, person A interviews person B for job. After a few minutes Person B continues the task but they no longer have control over their tongue movements. Discuss the effect this has on the conversation and reaction of person A.

*"This exercise was really powerful. When I think about the conference this is what I remember, struggling to communicate with my partner. As a training exercise it helped to both put across an important 'anti-discrimination' message and brought to life problems that some people experience as side effects of medication"* (Karen Langridge, Kings College London)

## **My top tips:**

- It is incredibly difficult for people who work with people with schizophrenia to retain their prejudices when they know you they are successful in their job
- It is important to have an employer who is willing to make appropriate accommodation for your mental health needs.
- Disclosing that you have a mental health problems on an application form makes it extremely unlikely that you will get an interview

## **What next?**

*"There needs to be services relevant to clients' needs not clinicians'. A missing piece is education about life living and recovery. Much more needs to be done to encourage people to re-integrate with society and be supported in this. Through this, we will then experience less discrimination"* (Peter Donaldson)

## **Contact Details:**

Peter Donaldson, York Mind Advocacy, Community House, 10 Priory Street, York YO1 6EZ  
01904 647030  
E-mail: [advocacy@yorkmind.org](mailto:advocacy@yorkmind.org)

# Inside Out

*Tu Mewn Allan*

Inside Out project is funded by the Arts council of Wales and Rhymney Regeneration Fund. The aim of the arts project is to promote social inclusion for people with mental health problems using creative writing, music, photography, digital stories, dance and visual arts. The focus has been the belief that by exploring creative skills, people can gain self-confidence through achievement and raise their self-awareness by expressing their feelings through the medium of the arts. Having gained new skills and confidence, the artists run awareness raising events to promote positive images of mental health in our communities.

## **Our activities**

The creative writers and musicians perform in both mental health settings and everyday places. We have a poetry group who perform extensively in the local area including local schools. Photographs have been displayed in libraries and local large stores e.g. Asda. Digital stories made with BBC Wales are on the internet, some have been shown on television.

*"People see the artistic talent before any mental health issue, and by then they've accepted the person's work. Creative work can speak volumes. A lot of people are surprised at the talent within the group and for our audiences we are a real eye opener!" (Helen Potter, Inside Out volunteer)*

## **Our top tips:**

- Workshops need to be facilitated by people who have an understanding of mental health issues, compassion and great enthusiasm.
- We find holding workshops in non-mental health settings (e.g. community centres, pubs, libraries) is less stigmatising
- Support and encouragement for all group members is vital. Supports need to be available for volunteer service users in social inclusion projects so that the projects can continue when illness calls
- Make your events inspirational, enthusiastic, enjoyable, free and educational.
- Art groups across the country should network, meet up, share ideas and information.

## **Contact details:**

Kate Strudwick and Margaret Rooney,  
Caerphilly Arts Development Officer  
01495 224425



## **Positively Different: Initiatives from Speak Up Somerset**

Speak Up Somerset was formed in 1998 after a report recommended an independent user voice was needed locally. We produce a bi-monthly newsletter written by people who experience mental health problems with a circulation of over 1000 copies distributed to GP surgeries, libraries etc and have quarterly meetings across Somerset. We produce the *Positive Steps* diary containing personal stories and art work by service users. The popularity of the diary has increased – in 2001 we produced 2000 copies, in 2003 the print run was 5000, and a Greek project has copied the idea and is producing its own version. We also have stalls at farmers markets and we campaign both nationally and locally to promote a positive image of mental health service users and raise expectations about our positive contribution to society.

*“We feel that we have created a voice for service users in a rural county and have moved through various stages of organisational development to be a creditable force in Somerset connected to a widening service user voice”  
(Simon Heyes, SUS)*

### **Top tips**

- Engaging the public takes a lot of creative thinking. For example, we found that handing out leaflets say about depression in the high street is not very productive. So the use of art and music and production of a functional product like our diary has helped to engage with the public better.
- Service users are a great resource to help reduce stigma and discrimination
- Partnership working is great in principle but the process shouldn't prevent creative ideas flowing
- Key tips for survival:
  - Persistence
  - Resilience
  - Tolerance
  - Support
  - A sense of humour!

### **Contact Details**

Speak Up Somerset, PO Box 3484, Yeovil BA21 5ZH  
E-mail: [speakupsomerset@talk21.com](mailto:speakupsomerset@talk21.com)



## Working Well Project

Stephanie McKinley

The Working Well project is one part of SUTRA (Service Users Training and Research Association) based in London. It is a service user-led training initiative looking to reduce stigma and discrimination in mainstream education, community, local authority and employment services by means of a tailored programme of mental health awareness work. We have mainly delivered training workshops within the NHS but are beginning to work with other agencies.

### **Our aims:**

- Reduce the common myths about mental health problems by acknowledging we all have mental health needs and are susceptible to mental health issues;
- Encourage employers to consider the positive attributes that people who have experienced mental distress can bring to the workplace;
- Explore with employers and employees how to retain the employees they already have and to promote best practice in the workplace for best health outcomes.

*“What works best in terms of impact is the trainer using a “personal story” focusing on the strengths and positive things that have been gained through experiencing a mental health problem as a way of helping participants to really understand the stigma and discrimination that can occur in the workplace” (Stephanie McKinley, SUTRA).*

### **Top tips:**

- Training should be tailor made to the stated needs of particular staff groups
- Use interactive training materials and also encourage participants to focus on practical strategies to help retain / support staff within their own departments
- We have found that employers and managers are frightened to discuss mental health with staff, and they don't know where to go for help an advice but workshops can support staff to overcome these fears and ignorance
- For longer lasting impact, Human Resources departments in the NHS would be an important area to target as they are responsible for policies and retention practices.
- The type of training delivered by the working well project is the tip of the iceberg. You need to have training happening at all levels in the NHS from support staff to the chief executives to make a larger impact on positive mental health promotion in the workplace.

### **Contact details:**

Stephanie McKinley, Working Well Project Manager, c/o SLAM NHS Trust Southwark Training Centre, Decrespigny Park, Denmark Hill SE5 8AF



## **What do you do with a diplodocus? User-led training to reduce stigma and improve professional practice.**

Our project is concerned with providing training to mental health staff to enhance and change professional practice by giving a users perspective to care planning and risk assessment. In our training sessions we directly seek to reduce stigma and discrimination by demonstrating to professional workers that service users have valid opinions, needs and preferences, specific rights and entitlements and are able to articulate these. Service users have argued that some professional workers demonstrate attitudes reminiscent of the dinosaur era that 'professionals know best' and that in doing so discriminate and stigmatise against those with mental distress. Our training has been developed to various professional groups including: social workers, psychologists, occupational therapists, medial staff, student nurses and managers.

### ***Creative learning: Snakes and ladders***

This is a exercise based on the snakes and ladders game in which you travel up ladders if positive things happen, for example if you are asked to be part of an interview panel for a key member of staff, or you go down the snakes if a negative situation occurs, such as you lose your benefits claim. The exercise ends when you complete the game and 'recover'

The game shows the frustrations people with mental distress have with ever day situations and directs attention to some of the many issues which affect their recovery. We use this game as an icebreaker to get participants talking. It's fun but also has a powerful message. Its surprising how many participants 'cheat'!

### ***What our research has shown:***

An independent researcher evaluated our programme assessing the impact of training on professional practice. Data was obtained by non-participant observation of the workshops; documentary analysis of the evaluation forms and follow-up interviews after 6 months with a sample of participants.

We found the workshops were very positively evaluated by the participants who subsequently recognised their own responsibility in both generating and reducing discrimination and stigma. Only a minority were are resistant to user-led training of professionals. We found that participants valued the in-put from experts in illness finding this approach was 'enlightening' and valuable in ensuring professionals continually question their practice. One interviewed participant reported:

*"It did provoke thinking. At the time I felt very negative but now I can see what they were getting at. I think it's a brilliant idea to involve service users in education. I hope that I would not treat them in a way that was demonstrated but now I have got over the prickly feelings about it I realise that well they must have got that view from somewhere"*

### ***Our Top Tips***

- Research - know your audience.
- Be prepared - practice what you are going to present on
- Always deliver training in pairs and have back up trainers who are briefed on the material in case of emergencies

### ***Contact Details:***

Chris Minnett, User Empowerment Training Consultancy, c/o North Warwickshire Council for Voluntary Service, Community House, Coleshill Road, Atherstone CV9 1BN  
01827 711904  
E-mail: [chris@nworkscvs.co.uk](mailto:chris@nworkscvs.co.uk)

## New Way Forward

New Way Forward is a relatively new organisation in Trafford formed out of the merger of three small projects - Trafford Association For Mental Health, Trafford User Group and The Bridge Project. We are committed to reducing discrimination and use our experiences to help us get our message across.

We do mental health promotion gigs using poets and bands to promote good mental health and feel we are at the cutting edge of community mental health work. We have developed two videos: The Bleakest Ink (showcased at the conference) and have just finished filming "sport 4 all". We are also the co-ordinators for the North West Mental Health soccer League involving teams from Liverpool, Blackpool, Oldham, Stockport, Salford and summer 2003 we took part in a European tournament against Czech rep, Slovakia, Austria, Germany and Slovenia in Munich. Paul Evans says social inclusion through soccer "its about football not our mental illness".

### ***Bleakest Ink: Video***

The video is based upon the BBC Weakest Link game show hosted by Ann Robinson. It was produced to highlight the distorted media portrayal of people with mental health problems.

*"We wanted to create a piece of work that would highlight how the media demonises us, and how in turn that affects the way the rest of society treats us. As the weakest link is so popular and simple, we chose that format. We decided to intersperse the quiz – facts and figures about mental health problems and media reporting - with the participants personal stories as a way of keeping viewer's attention and introducing a human dimension. We felt that viewers would already be acquainted with the contestants and would have formed opinions about them and that they would therefore find themselves involved and challenged by the stories. By confronting viewers preconceptions, we hoped to make them think about how they treat those around them, in particular those who are 'different' in some way" (Kim, New Way Forward).*

*"The project was sold by the enthusiasm and team work of New Way Forward. Since this workshop I have bought a copy of the video and I am planning to show it in my local area as an example of good practice". Anita Sebastian, conference delegate from Kent*

### ***Top tips from New Way Forward***

- Get involved in the local community, not just stuck in the ghetto of mental health services.
- Don't be afraid to fail.

### **For more information, including purchasing the videos, please contact:**

Paul Evans,  
New Way Forward,  
Broome House,  
54-56 Seymour Grove,  
Old Trafford M16 0LN

07960 581 974

E-mail: paul\_evans11@onetel.net.uk



Mind Your Head is a Training Project which takes Mental Health Awareness Training out to local organisations, businesses and the community. It was initially funded for 2 years by Tameside & Glossop PCT and Tameside Social Services. We have now secured reduced funding for a further year, making up the shortfall from revenue raised by the project. Everyone involved with the project has lived experience of mental distress. The Project is very successful. So far we have trained over 200 people from a wide variety of organisations including Tameside Council, NHS Health workers, Welfare Rights and CAB, a safe house, Immigration Aid Unit, local solicitors, housing associations and numerous charities. We also give lectures and attend conferences, and were invited to give a presentation to the All Party Working Group of Mental Health at Parliament earlier this year.

### **Our Approach**

*“We felt it was extremely important not to focus our training around the medical model. Our combined experience of mental distress showed us that a constructive and non-prejudicial understanding of mental distress requires people to be able to identify with others. Giving distress a label helps people to distance themselves from it, perceive it as something other, something unknown and possibly threatening” (Ros Whysall, Mind Your Head)*

In the session, alongside group work, flips chart mind mapping exercises, a mental health quiz and information sharing, one of the trainers shares their experience of how they manage their own distress, and provides a chance for straightforward questions to be asked and answered. This talk often noted as the most valuable part of training in feedback because it gives a unique insight into how mental distress can be successfully managed.

### **Top tips: how to make mental health awareness training using trainers who have lived experience of distress work?**

- Involve everyone in the design of the training course, whether they are going to deliver it or not. It will ensure top quality content, and give people a sense of ownership.
- Present a balanced viewpoint and let your audience make up its own mind, training and campaigning are two different things!
- Use two or three trainers to present the course:
  - this provides different perspectives for the attendees
  - makes sure that volunteer trainers feel supported
  - makes sure that your volunteer trainers only have to present the content they are comfortable with e.g. someone may not wish to give their personal experience, or explain the medical perspective on ECT.
  - means that your trainers can present using the method they are good at, e.g. someone may be good at doing a presentation but not confident to run a mind-mapping exercise.
- If you are applying to your local Trust for funding, be sure to design your application around NSF 1 and 4 – mental health promotion and involving users and promoting their recovery.

### **Contact details**

Ros Whysall, Project Co-ordinator, Mind Your Head, Tameside and Glossop Mind, 18 Chester Square, Ashton-under-Lyne OL6 7NS  
0161 330 9223 / 343 8756      E-mail: [ros@tgmind.co.uk](mailto:ros@tgmind.co.uk)      [www.tgmind.co.uk](http://www.tgmind.co.uk)



**mind out for mental health** was the government sponsored awareness and action campaign, working to bring about positive shifts in attitudes and behaviour surrounding mental health. Funded by the Department for Health in England, it operated in active partnership with organisations from a wide range of sectors to produce a range of communications materials and a series of workshops and events. **mind out for mental health** also developed **mindshift** - a newsletter focusing on sharing good practice and ideas to promote mental health and combat stigma and is produced quarterly. The work of mindout is being built upon by the NIMHE anti-discrimination programme – [www.nimhe.org.uk](http://www.nimhe.org.uk)

The campaign aimed to educate the general public about mental health problems and to stop the stigma and discrimination surrounding mental health. It targeted the public at large, and specifically employers, the media and young people.

### ***Working with Young People***

Read the Signs aims to encourage understanding and discussion of mental health problems amongst 14-21 year-olds. A set of 10 graphical 'signs' has been developed to illustrate mental health problems, the key messages are:

- mental health problems are common **(1 in 4)**
- learn to understand and recognise mental health problems **(read the signs)**
- stigma and discrimination stop people recognising mental health problems / reaching out for help **(understand the problem, don't add to it)**
- peers with mental health problems need your support **(look after your mates)**
- change your mindset and don't prejudge or discriminate **(mental health. no shame, no blame)**

### ***Read the Signs activities***

Key activities to date have included a survey into young people's experiences of mental health; a new website – [www.readthesigns.org](http://www.readthesigns.org); short films by young people broadcast on MTV; a virtual game; badges and stickers to promote read the signs distributed at festivals in Chelmsford and Staffordshire; a partnership with Radio 1, adverts across youth magazines, partnerships with Emap and Galaxy FM radio and celebrity support.

### ***Keys to success***

- It is essential to understand your market – what they read, listen to, watch, eat, wear.
- Never underestimate the importance of partnership work – media, brands, voluntary and statutory organisations – each can help you to get you campaign to your target audience in a diverse number of ways.
- Involve young people at every step, from the voices of young service users, to the opinions of your target audience of your plans and proposals.

*"We have been delighted with the success of Read the Signs and the feedback from young people. Particularly successful are the testimonials from young people talking about their own experiences of mental health – these youth ambassadors have made a huge difference to the campaign."* Amanda Duffy

**For more information on read the signs and out mindout for mental health activities please visit:**

[www.mindout.clarity.uk.net](http://www.mindout.clarity.uk.net); [www.readthesigns.org](http://www.readthesigns.org)



## Working with Young People in Kent

Maidstone Mental Health Awareness group is co-ordinated and funded by Maidstone Mind – a mental health support and information service, and registered charity. The awareness group consists of local people who are interested in promoting positive attitudes and ways of looking after mental and emotional health. We have members who are involved through their work from both statutory and voluntary organisations, and members with personal experience of mental health difficulties.

We deliver workshops to a range of different agencies including sessions to young people in local secondary schools.

### ***How we work?***

- Deliver general workshops – in schools these are two sessions with each class within the PSHE curriculum.
- Keep messages simple
- Be prepared to adapt and change – in schools you have to be adaptable as different classes learn in different ways
- Discussion - sessions are structured around group exercises that promote opportunities for interactive learning and debate
- Involve people with experience of mental health difficulties personally and as carers in the group
- Build confidence in the group and enable personal development
- Ensure effectiveness of our work through evaluation
- Team working – support each other

### ***Mental well-being of young people: class room exercise***

One of the exercises we do in class is to ask young people to tell us what affects the way they think and feel. We draw the pressures on a flip chart surrounding the figure of a stick person. In groups we ask the students to choose one pressure and discuss five ways they can 'cope' with that particular issue. As facilitators we join the groups to explore with the young people their choices and focus on positive solutions to end the class. Emphasis is placed on building your own coping strategies - and the importance of the support we can provide to each other.

### ***Tips: What we have learnt in schools***

- Feedback from young people is essential
- Not all Young People are used to working in groups, be aware and flexible
- Maintain safe boundaries – awareness that some may find the sessions difficult because of personal mental health problems
- Service user input helps articulate real experiences
- Continual evaluation is essential to workshop development
- Involve the teachers, and plan for work to skill up teachers as well as the students

### **Contact details**

The Bridges, Maidstone Mind, 23 College Road, Maidstone, Kent ME15 6YH

01622 692383

E-mail: [the-bridges@maidstone-mind.fsnet.co.uk](mailto:the-bridges@maidstone-mind.fsnet.co.uk)



## Mental Health Awareness: Inclusive Partnerships

Sevenoaks and Area Mental Health Awareness Group is part of Sevenoaks District Association for Mental Health. We receive a small project grant from Kent County Council to sustain our activities and have recently been awarded a Lloyds TSB Foundation grant to be able to appoint a part time administrator to run the project. The group has broad based membership involving people from the local community with experience or interest in mental health issues.

In line with the National Service Framework for Mental Health, the group runs mental health awareness workshops that aim to promote mental health for all and combat discrimination against individuals and groups with mental health problems. The project has been running for a number of years and our audiences include: Kent Police, Carers First, Homestart Volunteers, local Housing Associations, Victim Support, CAB, Borough Councils and local church groups.

### ***Our approach***

- *Be Inclusive* e.g. Use a continuum approach to mental health – mental illness, involve people with experience of mental illness to both tell their story and facilitate the workshops as part of a team of presenters; active audiences participate in the sessions - include group exercises and discussions.
- *Be Professional* e.g. Plan and prepare each session, ensuring scenario based work is tailor made for each audience and use authoritative sources of information; Collect feedback and adapt programmes accordingly.
- *Be Supportive* e.g. Provide on-going training for group members; Provide a safe and welcoming environment for both group members and our audiences; Care for team members – informal support sessions and de-briefing.

### ***Key lessons learned***

- Give a consistent message in workshops and repeat it!
- Don't underestimate the time and commitment required to run a mental health education project
- Recruit and retain new members all the time
- Maintain a wide network of contacts

### ***What we feel works.***

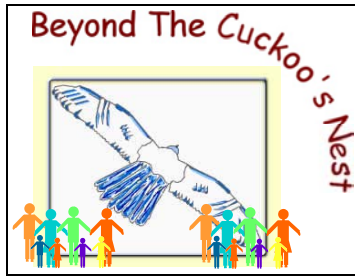
"The feedback that we collect on a regular basis from workshop participants indicates that the most important factors, which have the greatest immediate impact, are:

- People with personal experience of mental health problems, and their carers, telling their own stories in their own words
- Participative exercises, such as a "Hearing Voices" exercise, which imaginatively enlarge people's appreciation of and sympathy with others' experiences
- Involving service users and carers in the presentation team without making it obvious at the outset which roles and what experiences different presenters have
- Using a mixture of presenting information, generating group discussion, using small group exercises, and telling personal stories, to keep interest and attention going

### **Contact Details:**

Chris Morgan [Chris.morgan@sedc.org.uk](mailto:Chris.morgan@sedc.org.uk) (01732 - 459558), or Carole Archer [carole.archer@btinternet.com](mailto:carole.archer@btinternet.com)

Sevenoaks and Area Mental Health Awareness Group, Sevenoaks and District Association for Mental Health, Glen Dunlop Centre, 32-34 St John's Road, Sevenoaks, Kent TN13 3LW



**Beyond the Cuckoos Nest (BTCN)** was first started in Canada, and the Rotherham project was set up in 1993. We initially delivered workshops, based on the BTCN model, to year 11 and above students in local schools and colleges. Over the years our project has grown to include training of ambulance services, mental health staff, South Yorkshire Police and further education colleges. There are also other BTCN projects in the UK in Brighton and Hove, and in Surrey.

The main aim of BTCN has always been to provide information regarding mental health, with an emphasis upon service users / ex-service users being the experts who can describe the impact of mental health difficulties, particularly enduring mental health problems. In our training workshops we hope to challenge the assumptions made about people with mental health problems, and the stigma attached. The personal histories shared in training often focus upon the impact of stigma and discrimination as being the major problems that people have faced, and how recovery is possible. Our work for many years has included service users who are resident in a local medium secure unit, for whom stigma is a major concern.

*“The most effective part of the program is the service user story. Evaluation of the impact of Beyond The Cuckoos Nest shows that this is the important factor that helps to challenge stigma associated with severe mental illness. Beyond The Cuckoos Nest offers an opportunity for staff to work in a truly collaborative way with service users. All members of Beyond The Cuckoos Nest have an equal voice in the decision making and organisation of the project.”* Nick Arkle, Chair of Steering Group.

*“The Cuckoo's Nest is the best example of cooperation between service users and workers I know and the feeling thus created shows in the workshops”,* Alan Pearman, Ex-Service User”

For the past seven years BTCN Rotherham has been co-ordinated by a service user, which is now a salaried post within Rethink. The project itself, however, is a partnership between Rethink, Rotherham Mental Health Services, Rotherham Social Services and Nottinghamshire Mental Health Services. A partnership involving staff and service users has always been at the heart of BTCN and without this we would have folded years ago.

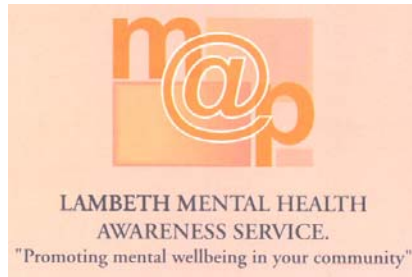
#### **Our Survival Tips**

- Work collaboratively with all partners in the project
- Be flexible and willing to adapt the program to the needs of the audience
- Funding is important, but lack of it leads to creative approaches and need not stop a project
- Support from service managers depends upon you selling the idea in the first place

#### **Contact Details:**

Glynis Wheeler, Co-ordinator, Beyond The Cuckoo's Nest, Rethink, Clifton Court, Doncaster Gate, Rotherham, South Yorkshire  
01709 836073

[www.beyondthecuckoosnest.it3.net](http://www.beyondthecuckoosnest.it3.net)



Over the last three years, Community Mental Health Services in Lambeth have initiated a network of innovative projects that are building and consolidating links with a variety of different local agencies in the Borough to promote mental health and social inclusion for people with mental health problems. Lambeth in South East London is a richly multi-cultural area but it has high social deprivation and unemployment, a young population (average age 45 years), high instance of drug and alcohol misuse and poor housing. The aim of Lambeth Mental Health Awareness Service is to deliver high quality, effective and beneficial training and consultancy in the local community. The service is run by two trained nurses and involves a small team of mental health service user trainers. A similar project is run in Lewisham, and both are part of South London and Maudsley NHS Trust.

### **Focus on Black and Ethnic Minority Communities**

The Lambeth project has worked with a number of different agencies including local colleges, police force, housing associations, SlaM support staff, Princes Trust, housing associations and local faith communities. In the training we provide general mental health awareness through information, role play, videos and discussion opportunities but we also aim to provide a specific cultural perspective. In addition to delivering training, a core part of the project is outreach work - building good working relationships with other agencies and specific ethnic groups. Through networking we can promote improved understanding of the culturally specific needs of a diverse population people living with mental health problems in Lambeth.

### **Recent success**

The judges from the Health and Social Care Awards 2002 viewed our project as “extremely impressive”, and presented us the national award for improving the lives of people with mental health problems. We are keen to build on this recognition and develop better relationships within BME communities in Lambeth, to engage more effectively with these groups to reduce fear and encourage access to mental health services.

### **Our top tips**

- Involve service users in the training to be delivered, also involve them in the development of the packages of training.
- Be adaptable, do the training at flexible times to get maximum number of attendees where possible and be flexible where you hold the training eg churches, schools, hostels etc.
- Tailor the packages to organisations needs eg employment agencies, faith communities etc

*“It was interesting to learn what low level of awareness there is on mental health particularly in ethnically diverse communities. It was also extremely enlightening to have user perspective on hand during discussions in all the sessions. The way to make progress in addressing stigma is by working together. There is such a long way to go and so we must combine our efforts”. Sarah Nelson, Samaritans*

### **Contact Details:**

Caroline Morris, South London and Maudsley NHS Trust, Oak House, Lambeth Hospital  
108 Landor Road, London SW9 9NT  
020 7411 6396 E-mail: [caroline.morris@slam.nhs.uk](mailto:caroline.morris@slam.nhs.uk)



## Unpacking Stigma: Rethink Families Services

Rethink families works to produce working partnerships between carers, statutory services, service users and the local community. We provide psycho-social based education, consultancy and strategic planning to:

- Increase communication, understanding and coping strategies
- Decrease isolation, discrimination, trauma and loss
- Mainstream work with families

### **Our work includes:**

- Training for professionals from informal carers
- CESP – Carers Education Support Programme
- Direct work with families
- Expert consultations with local service providers to plan family interventions

### **Reduced stereotyping**

Rethink families' works on a partnership approach, initially between service providers and Rethink endeavouring to mainstream any interventions into the daily routine. Then through education and training increase awareness of all involved and broaden attitudes to each others experiences. The training uses psycho educational, cognitive behavioural family work and trauma models in the delivery.

We encourage everyone to train together carers, mental health professionals and service users to increase communication and understanding. We wish to support professionals in their clinical delivery, increasing their job satisfaction and treatment outcomes. Alongside supporting the recovery of the family, using normalising rational and increasing family self-management.

The reduction in stereotyping occurs as those involved unpack the thoughts below, asking questions of the events leading to those perceptions. The dialog is continued and effective team working can be achieved to the benefit of all.

*“Rethink families want to encourage hope, partnership working, skills development and understanding, because we believe in the family. When the individual recovers from distressing experiences, we want to see the family strong and ready to continue a normal family life. Not battered, desperate and unable to support each other. This is why it is so important to individual families and families as a whole that we do break down these unhelpful stereotypes and communicate.” (Andy Payne)*

### **Race Equality**

Parallels can be drawn between resistance towards race awareness work and over addressing discrimination in mental health more broadly. In Rethink families race equality and anti-discrimination approaches are at the forefront of our work. Over 15% of carer education participants are from black and ethnic minority groups and specific training is provided on cultural issues affecting recovery and treatment outcomes within all our programmes.

### **Top tips for unpacking stigma**

- Remember that stigma is not just something intangible out there in the general public.
- Education that builds confidence and understanding will increase choice and hope.
- Listening, understanding, learning, supporting and partnership.

### **Contact Details:**

Rethink Families, 197 Kings Cross Road, London WC1X 9DB

Tel: 020 7837 7450

E-mail: [cesp@rethink.org](mailto:cesp@rethink.org)



**Hearts and Minds** is one of three core activities currently undertaken by Reach Out - A Mental Health Charity, based in Luton. The purpose of the project is to increase social, personal, creative and life skills of people with mental health problems through drama and the arts. The members and staff are also committed to tackling the fear, stigma and discrimination surrounding mental health issues, through performances, short films, videos, training and workshops. We have found that the arts, and drama in particular, are a very useful medium for reducing discrimination.

Our drama groups meet regularly and our performances are delivered to health and social services staff, young people and community groups, to raise awareness and understanding of mental health issues. The scope of our work includes sessions with:

- Community-based workers, such as receptionists or hospital staff, who would like to improve their interaction skills when dealing with people with mental health problems.
- Mental health care workers who would like to know how to use the arts to increase the development of their clients
- Schools – we have a specific education programme for schools and colleges including booklets, work packs, sessions with a qualified and experienced practitioner, classroom resources and follow-up activities.

*“Hearts and Minds is widely acclaimed and highly rated both across Bedfordshire and beyond. I feel that this is due to our unique approach to the issue of mental health. We are not afraid to talk about mental health with our members and we are very ‘grass-roots’ led. I would say that the key to our success is our close working relationship with our service users, which keeps us grounded in the reality of living with a mental health problem.”*

#### **Our Top Tips**

- The arts are a useful way of reducing stigma and discrimination because they provide an alternative approach to tackling the issue and they allow for more freedom of speech. It’s a safer forum for expressing views and opinions.
- Don't be afraid to talk about mental health. Too many organisations prefer to talk about anything but with their service users.
- Observe the reaction of the group - if they're not enjoying a game or exercise then stop it.
- Keep your own energy levels up - if you sag, your group will.

*“This session showed how using drama exercises is a really good way of getting people to talk about personal issues in a informal way. Getting people to identify with each other and promote greater understanding”.* Matthew Wilkinson, Rethink

#### **Contact Details:**

Jennie Burgess, Hearts and Minds, 17 Market Square, Farley Hill, Luton LU1 5RD  
Tel: 01582 563793 [www.reachout-amhc.org](http://www.reachout-amhc.org)

## Media Action Group for Mental Health: Having a Voice and Using It

The Media Action Group exists to promote positive perceptions and awareness of mental health issues by collaborative working with the Media and the General Public in order to achieve a greater understanding of mental distress and related issues. We have seven people working with us and our core activities include:

- Running regular training programmes for people who have experience of mental distress, which empowers service users with the skills necessary to communicate confidently and effectively with the media regarding mental health issues
- Working at a local level with PCTs (Primary Care Trusts), LITS (Local Implementation Teams) and LSPs (Local Strategic Partnerships) to ensure the project is recognised and part of local strategic plans for mental health.
- Maintaining funding levels within the charity to ensure that we can have consistency of approach in our work
- The plates project – over 1000 people decorated a dinner plate with positive images of mental health and these plates are displayed at the potteries museum and art gallery.
- Managing International Sanity Fare – an annual street party event, to promote and explore the positive aspects of mental health as well as showcasing some work going on in local services.

*“What works for us? We don’t wag our finger and pontificate, instead we work in partnership with the local journalists that we want to influence. We sit down together, calmly, and say what we want to achieve and they listen. Real changes are achieved by working in collaboration”* James McAteer, Media Action Group for Mental Health

*“I remember this presentation because it has helped me to think about my own work in terms of promoting mental health as something that is worth doing and taking a refreshing approach. This team use passion, energy, commitment and humour. The humour and passion parts being so important and inspiring”* James Wade, Young Persons Officer in Rethink.

### Our Top Tips

- Be positive! You can challenge and change the media at a local and regional level
- Be pro-active. Regularly engage with media producers to ensure fair and accurate reporting on radio, in newspapers and on TV
- Sanity Fare - Take a fun approach to what is a very serious issue

### Contact Details:

Media Action Group for Mental Health

07890 795663

E-mail: [sanityfair@blueshawk.info](mailto:sanityfair@blueshawk.info)

[http://www.sanityfair.org.uk/media\\_action\\_group](http://www.sanityfair.org.uk/media_action_group)

# Transforming Mental Health Services: Mind Body and Soul Body Shop in Norwich

Mind Body and Soul is an advice, information and support service provided as part of Norwich Mind, a mental health charity affiliated with National Mind. Established in 1966, Norwich Mind provides a range of services and supports for people with mental ill-health. At Mind, Body and Soul we aim to offer people a unique opportunity to explore their needs, their problems and their hopes in an accessible everyday setting. With this in mind, our location in the heart of Norwich city centre is central to our vision and aims – we share our premises with Heavenly hands – a commercial beauty and nail clinic. Our location is an example of social inclusion in action. It reflects our central belief that mental health issues and the journey towards well-being are a part of all our lives, something to be shared and not to be hidden away. Some of our clients have had contact with mental health services. Many have not.

## **Our services at Mind Body and Soul:**

- Information and advice sessions
- Stress guidance
- Counselling
- Complementary therapies – Indian head massage, shiatsu, aromatherapy massage

It is our experience that meeting people's distress with the services offered at Mind Body and Soul can begin to turn isolation, anxiety and despair into hope and a renewed sense of well-being.

*“Often we don't like to acknowledge it, but mental ill health – like physical problems - affect us all to varying degrees. So at MBS we believe it's as important to look after your mental well being as you would your physical health. If you break your leg, you make sure you get along to a doctor pretty quickly and likewise if you're feeling that things are getting too much, it's important to get the right kind of support early on before problems loom even larger” (Ruth Taylor, MBS, Norwich).*

The Mind Body and Soul service, set in the heart of the city, aims to be an easy to access 'one stop shop' where we make looking after your mental well being as normal and everyday as buying a pint of milk from the local shop.'

## **Our recommendations for setting up a similar project are A.D.A.P.T.**

Access	needs to be direct (self referral )
Diversity	of client group from all ends of the spectrum– we are all affected
Alternatives	to the medical approaches - e.g. complementary therapy, creative options like discovery groups, counselling, reiki, relaxation sessions etc
Premises	co-locating with a commercial business or organisation not related to mental health can be much more inviting
Team	our staff are sensitive to our clients situations as they have their own experience of mental health problems – some are ex-clients

The essence of our approach is to be as client-focused and flexible as we can be, in order to offer as holistic a service as we can.

## **Contact Details:**

Ruth Taylor, Mind Body and Soul, 73 Ber Street' NorwichNR1 3AD  
01603 629432 [mbs@norwichmind.org.uk](mailto:mbs@norwichmind.org.uk) [www.norwichmind.org](http://www.norwichmind.org)

# Transforming Mental Health Services: Rethink Sahayak

Rethink is a national mental health charity and one of our Kent services is Rethink Sahayak (which means Helpful in the Hindi language) providing three unique specialist services for the Minority Ethnic Communities: Asian befriending; Asian Mental Healthline and Black and Minority Ethnic Carers Support. Volunteers come from a variety of backgrounds with different experiences of life and after training, they provide support to our service users. We also continue to reduce discrimination by delivering mental health awareness workshops to communities, schools and professionals.

## **Aims of Rethink Sahayak services:**

- To improve access to mental health advice and services for people from the minority ethnic communities;
- Provide practical and emotional support for individuals and their relatives from the minority ethnic communities;
- Promote mental health awareness within minority ethnic communities,
- Provide a telephone healthline service for those experiencing mental health problems within Asian communities,
- Providing a database information system comprising of up-to-date details of local services available through out South East.

Our approach with the Asian communities is to ensure that we are flexible and offer appropriate help and support. For example we have to be available at times when the community meets such as religious prayer times at Gurdwaras or mosques, working in a way that reflects their language, cultural heritage, religious needs, historical and current values and experiences. The challenges we have faced have been building trust with the communities, combating the stigma of mental health and maintaining services with limited resources. Continuation of strong links with partners such as Police, Racial Equality Council, local faith/community groups are also vital for the project.

*“What has made Sahayak a success is that from day one the service has had community involvement, whereby the history of the service name ‘Sahayak’ was selected by community volunteers in 1996. Mental health awareness delivered appropriately to meet cultural and linguistic needs assist with having an impact on raising the profile of mental health in the community. Working also at the preventative stage before a diagnosis is given allows access to a service for support to assist reduction in hospitalisation”.*

Our vision for the service is to continue to deliver high quality service standards to disadvantaged communities, to identify areas for development and seek to expand services to encompass any unmet needs.

## **Our recommendations for setting up similar service as Sahayak:**

- **Adequate resources** Sufficient funding for start up of service, to provide a quality service.
- **Reach out to Communities** Ensure accessibility to community/faith groups to build relationships and involvement and able to communicate appropriately taking account cultural and linguistic needs.
- **Premises** Service is accessible to community, welcoming and staff awareness of cultural difference

## **Contact Details:**

Carol Gosal, 4-5 High Street, Gravesend, Kent DA11 0BQ  
01474 364837 [sahayak@rethink.org](mailto:sahayak@rethink.org) [www.rethink.org](http://www.rethink.org)

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Social Exclusion Unit (2004) Mental health and social exclusion – social exclusion unit report. Office of Deputy Prime Minister: London

### **What works – reduction of discrimination in mental health literature review**

[www.nimhe.org.uk/antistigma/whatworks](http://www.nimhe.org.uk/antistigma/whatworks)

### **Anti-discrimination resource for mental health service users / survivors**

Open Up: Mental Health Media anti-discrimination tool kit project: [www.openuptoolkit.net](http://www.openuptoolkit.net)

### **Other useful web sites**

Chicago Consortium for Stigma Research: [www.stigmaresearch.org](http://www.stigmaresearch.org)

Depression Awareness: [www.beyondblue.org.au](http://www.beyondblue.org.au)

Disability Rights Commission: [www.drc.org.uk](http://www.drc.org.uk)

Like Minds, Like Mine: [www.likeminds.govt.nz](http://www.likeminds.govt.nz)

Mental Health Awareness in Action: [www.rethink.org/research](http://www.rethink.org/research),

Mental Health Foundation: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mental Health Promotion Literature: [www.mentality.org](http://www.mentality.org)

Mind: [www.mind.org.uk](http://www.mind.org.uk)

Mindout for Mental Health: [www.mindout.net](http://www.mindout.net)

Rethink severe mental illness: [www.rethink.org](http://www.rethink.org)

Royal College of Psychiatrists 'Changing Minds' campaign: [www.changingminds.ac.uk](http://www.changingminds.ac.uk)

See Me Campaign: [www.seemescotland.org](http://www.seemescotland.org)

World Psychiatric Association: [www.opentheodoors.com](http://www.opentheodoors.com)

This report has been prepared by the Mental Health Awareness in Action programme, a collaborative initiative between Rethink and the Institute of Psychiatry. The majority of the material in this report was compiled in the early part of 2004, and although checks have been made to ensure the accuracy of the information, it is possible that some details have changed as projects develop or staff changes occur.

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*Lundbeck's mission is to improve the quality of life of those who suffer from psychiatric and neurological illness and believes this is best achieved through investment in knowledge, research, education and holistic attitudes to patient care.*

Rethink publishes an extensive range of publications for service users and carers including Only the Best – a guide to getting the best fit medication, Caring and Coping and What is severe mental illness? To order copies or to find out more about Rethink publications call 0845 456 0455 or log on to [www.rethink.org](http://www.rethink.org)

**For more information about Rethink, and the service it offers contact:**

28 Castle Street  
Kingston-Upon-Thames  
Surrey  
KT1 1SS

Tel: 0845 456 0455  
Fax: 0208 5473862

[info@rethink.org](mailto:info@rethink.org)  
[www.rethink.org](http://www.rethink.org)

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