

A report by 'see me'

A fairer future

Building understanding.
Moving forward together.



see me...
LET'S STOP THE STIGMA OF MENTAL ILL HEALTH

“I think things have definitely got better over the past four years. I’ve noticed a change over a wide group of people as campaigns like ‘see me’ begin to normalise mental health problems. The general public are becoming more aware and a lot of this is down to people being more comfortable with coming forward and admitting that they’ve had mental health problems.”

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Some of the names and locations accompanying quotes have been changed.

FOREWORD



We invite you to join us in working for equality of opportunity and full social inclusion of those who experience mental ill-health.

England football hero Terry Butcher, Plus Perth volleyball team, Birchwood Highland cyclists, councils and health boards from the south-west to the northern isles, and major companies like Standard Life and Amey Roads all have one thing in common: they're among the hundreds to join forces with 'see me' to help stamp out stigma in Scotland.

We have come a long way since we got together with the Scottish Executive to launch 'see me' in October 2002. We know that 'see me' is now widely recognised and understood by the public, and is popular among those with experience of mental ill-health. We have won awards and had requests for our materials from people across the UK, Europe and as far afield as the USA, Australia and Kazakhstan.

Feedback from our supporters and the general public has been positive, and survey evidence shows that attitudes are moving in the right direction. People tell us that 'see me' has made it easier to be open about mental ill-health. At the end of 2006, we set out to discover where we had made most progress and where stigma was proving harder to shift. We wanted to find out if people directly affected by mental ill-health thought that things were changing. This report is the result.

There are real grounds for optimism in the following pages but there is no room for complacency. People have told us that they do find it easier to be open about mental ill-health, that stigma in Scottish society is less of a problem and that media coverage has improved. However, we have also found that people make constant judgement calls as to when and with whom they feel able to disclose a mental health problem.

We found that negative attitudes continue to damage people's confidence, life chances and recovery prospects. In the family, in the community, at work and in services, lack of understanding and sometimes outright prejudice still need to be tackled.

This report calls for 'A Fairer Future'. It will not be achieved by 'see me' alone. We need more public bodies, private companies and grassroots organisations to use 'see me' as a resource for joint anti-stigma action. It is not difficult, it is not expensive and it does deliver results.

We invite you to join us in working for equality of opportunity and full social inclusion of those who experience mental ill-health

The 'see me' Alliance

EXECUTIVE SUMMARY

The survey explored people's changing experience of stigma and their views on the contribution of the 'see me' campaign.

Personal experience of mental ill-health was widespread with many people having had more than one diagnosis. Over the past five years, more than half of respondents had been negatively affected, although the problems are less severe than in the past.

The great majority had experienced stigma, with the most frequently experienced among friends and family. Stigma was also experienced in the workplace and community. Accessing services and help was often difficult, possibly avoided due to stigma or discrimination, because of the fear of being outed or of being judged.

However, from what they had personally experienced, well over one in three felt that things had improved over the last few years. People now feel able to act differently and to be more open and talk about their mental health problem or encourage others to do so.

Nine in ten respondents could recall the campaign, and most believe that 'see me' has made a difference to how people with mental health problems feel about themselves. Half saw improvement in how others treat them and in how the media reports on mental ill-health.

People are now much more aware of the incidence of mental ill-health and the need for tolerance and understanding when they meet people who are trying to cope. So, great strides have been made, but there remains a long way to go. Stigma continues to exclude and we all, including those with mental health problems, can play an important role in stopping the stigma of mental ill-health.

SECTION 1: ABOUT THE RESEARCH

Pru Davies, Glasgow

At twenty-five I was diagnosed with schizophrenia with psychotic tendencies. My career came to an abrupt halt and I found it hard to live with being told that I would probably never work again, and that “they might as well throw away the key”. My identity became little more than a label.

ECT (electro-convulsive therapy) and a cocktail of drug treatments followed over the next twelve years, and then even my label was changed. I was told I was probably suffering from a bi-polar disorder. At that time I had little self-esteem and little hope. I didn't talk to people about my illness and had put up an invisible guard to protect myself.

I remember that my mum used to whisper words like ‘mad’ or ‘psychiatric’ because she couldn't say them out loud. I'm sure it was a generational thing and thankfully she's much more clued up now. In fact, I think a lot more people are clued up now thanks to the anti-stigma activity in Scotland, led by ‘see me’.

Attitudes really are changing and it's having an impact with the younger generation. Only recently, two kids (both under ten) who are neighbours, asked if I would speak at their school about my experiences. Doesn't that show that they know more about mental health problems and that they have a better understanding of stigma? The fact that they want to talk openly is a big step forward. Everyone deserves the right to live their life without being discriminated against.





“I was shocked at the way the staff treated me and other patients in their care in hospital. The prevailing attitude was that everything was too much bother. The nurses didn’t bother to speak to me except half an hour before my weekly review when they’d come and ask me if there was anything I wanted to raise at the review meeting.” Gillian, Glasgow

After almost four and a half years of campaign activity, it was decided to ask what impact ‘see me’ had made on those with mental ill-health and the people closest to them. While we have sought to raise public awareness and change attitudes towards mental ill-health and people experiencing mental health problems (MHPs), the ultimate aim has always been culture change: a shift towards a society where stigma and discrimination becomes a thing of the past.

Over the first few years of ‘see me’, numerous surveys highlighted encouraging levels of campaign awareness and recall, and a softening of public attitudes towards people with mental health problems. Research commissioned by the Scottish Executive has also pointed to a society that is becoming more understanding of mental ill-health and less fearful as a result.

While this intelligence fortified the campaign, there was still a gap in our knowledge with respect to the real experiences of people and how these might be changing. Effecting a change in behaviour towards people with mental health problems is the principal goal of the campaign, and it was timely for research to address this issue.

For this reason a large scale survey of people with experience of mental ill-health, and those closest to them, was carried out during early 2007 to

find out if they had experienced any difference in how others treat them. The survey represents the first real test of the impact of the ‘see me’ campaign: to what extent has it helped stop the stigma of mental ill-health?

The survey considered the nature of the mental health problems experienced by service users and the treatment that they have received, including experience of in-patient care. It asked people about the impact of mental health problems on their daily life, both over the past five years and now, attempting to assess if there has been any noticeable improvement.

Specific contexts where people have experienced stigma, and situations where people have acted differently, such as avoiding a situation because they feared experiencing discrimination, were mapped out. People were asked if, from what they have seen and experienced, they felt the problem of stigma had changed since 2002. Also, to throw light on the issue of self-stigma, they were asked whether or not they felt able to be more open and talk about their mental health problems.

A number of questions were asked about the campaign, including if ‘see me’ had improved how people with mental health problems felt about how others treat them and how the media write about mental ill-health. The survey gathered views on how

“I consciously tried to keep in touch with old colleagues but they just didn’t want to know. People seem to find it easier to cut you off than deal with you and what you’re experiencing. At first, my family found dealing with my illness quite difficult but things have improved now as they have had the time to deal with the situation and get it straight in their minds.” Colette, Falkirk

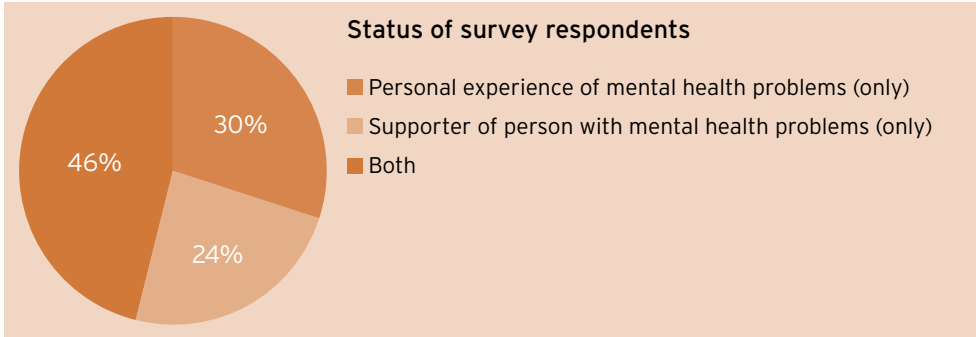
important the campaign has been in challenging the stigma of mental ill-health in Scotland.

The survey used an ‘open access’ method that allowed people to complete the questionnaire online or in hard copy format. A key consideration was to alert as many people as possible to the existence and purpose of the survey. This was done through promoting the survey on the ‘see me’ website, ensuring hard copy questionnaires were available in a range of community settings, and promoting and distributing the survey via community psychiatric nurses, ‘see me’ partners and local projects.

Over 1,100 people completed the survey¹. Respondents elected to participate, thus the response is not ‘representative’ of people with mental health problems in Scotland. However, the breadth of the survey’s circulation, the large response rate, and the fact that people from all over the country, and with experience of a wide range of mental health problems responded, gives validity and credibility to the information gathered. In this survey, we have a unique and reliable insight into the changing stigma experience of people with mental health problems and the contribution that ‘see me’ has played in this.

Once the main survey was completed, 25 follow-up interviews were carried out with a selection of people who had indicated that they would be happy to help further. The follow-up interviews allowed issues emerging from the main survey to be probed further and a more sophisticated understanding of responses to be developed.

Three-quarters of the respondents had experienced a mental health problem over the past five years, while the remainder had helped someone with a mental health problem as a carer, family member or friend. We also saw a high incidence of people who had experienced both, with some 46% experiencing mental ill-health over the last five years were also caring for others with a mental health problem.



SECTION 2: THE STIGMA CHALLENGE

Shaun McNeil, Scotstoun

My mental health problems developed while I was working as a registered nurse in an acute psychiatric hospital ward. One morning while driving to work, I had an overwhelming urge to drive my car into a bridge. Instead, I drove to hospital and spoke to the duty psychiatrist who realised I was severely depressed.

I was working within the mental health field day in, day out so you'd think I or my colleagues would have recognised that my mental health was deteriorating. Unfortunately, it had to reach crisis point before the problem became apparent.

When I returned to work, there was a lot of gossip about why I'd been off - in organisations where staff don't get information they tend to make it up. I was excluded from workplace banter and social activities at a time when I most needed support. My employer expected me to function at 100% capacity. However, the stresses I faced at work had contributed to my becoming unwell in the first place. I wasn't able to function in the way I had previously so I ended up leaving work again.

As a result of my experiences, I left nursing. I was open about my mental health problems when applying for jobs, but found it more difficult to get employment than I'd anticipated. Employers need to have an open mind and not write people off. Having a mental health problem doesn't mean you lose the skills, experience and knowledge you develop - it doesn't make you unemployable.



“If someone is stabbed in the street then it’s automatically one of us! They think we get off lightly with a shorter jail sentence. I find this really disheartening; it makes you want to go into your shell, which makes things worse. Then you get a fear of going out in case you get insulted, and the violence which may accompany – oh my god!” Gregor, Western Isles



“Stigma hurts. I’ve had to experience it and I’ve managed to move on. There’s no need for stigma. People need to think how they would like it if they were stigmatised for something that’s not their fault.” Jen, Arbroath

Dictionary definitions of ‘stigma’ do not reflect the human reality. Stigma around mental ill-health means different things to different people.

To the employee with depression, it is colleagues’ resentment that they’re covering for someone who just needs to pull herself together. To the youngster with an eating disorder, it is being called ‘stick insect’ by classmates. To the mother with bi-polar, it is the whisperings of relatives about her ability to care for her children. To the young man with schizophrenia, it is the fear and rejection of former friends. To others, it is media headlines implying that mental ill-health equals danger.

Consequences of stigma

The impact is damaging. It leads people to keep mental health problems hidden, to put off seeking help and to expect that they will be discriminated against by family, friends, employers and people in their communities. Unfortunately, such fears are all too often justified.

The consequences can be far-reaching. Getting help before a problem becomes serious is as important to recovery from mental ill-health as it is to recovery from physical ill-health. Losing contact with friends, colleagues or even family is not uncommon and can lead to a downward spiral of isolation and declining mental health and wellbeing. Losing a job is a shattering blow to anyone, but it can be devastating for

someone whose confidence and self-esteem have already been undermined by mental ill-health.

Facing up to stigma in Scotland

Little wonder then that those directly affected had for years lobbied for a concerted campaign to tackle stigma and discrimination. The five mental health organisations which founded the ‘see me’ campaign, were in no doubt that stigma was the single biggest issue which united them all. The advent of the Scottish Parliament in 1999 created the opportunity to press for government backing for a well-resourced and sustained drive to combat stigma.

In October 2001, their perseverance paid off with the announcement by the then Minister for Health and Community Care, Malcolm Chisholm, that the voluntary sector alliance would take the lead in tackling stigma as one of the four key aims of the new National Programme for Improving Mental Health and Well being. The anti-stigma campaign was announced and the Campaign Director took up post in January 2002.

The ‘see me’ campaign

In developing the campaign, widespread consultation took place with members of the public, health professionals and local mental health groups, and we actively engaged individuals with mental health problems. People’s views, perceptions

and experiences of stigma, and what voluntary and statutory mental health groups and organisations were looking for from the national campaign, were explored.

Relationships were established with grassroots organisations and wide ranging contacts built up that enabled local groups to engage actively in the campaign as it developed. Indeed, going out around the country to meet groups on their territory became an integral part of the ‘see me’ process and led to the campaign being genuinely embraced by local organisations.

From the outset, the campaign has:

- Used a mix of media and tactics including TV, radio and outdoor advertising, creative PR and media relations, interactive online activity, and a commitment to build local partnerships;
- Carried a strong first person voice, endorsed by the consistently applied strapline ‘see me, I’m a person not a label’;
- Supported people with experience of stigma to be the public face of the campaign, using many as ‘media volunteers’ who have bravely recounted their experiences of stigma;
- Sought to be direct and striking, but without being shocking, and has avoided accusing campaign audiences of being perpetrators of stigma;

- Consistently alerted the public to the problem of stigma and sought to win support from across a broad spectrum of society.

Legislative and policy context

The need to tackle stigma had also been highlighted in the Millan Report² on the future of mental health care and legislation in Scotland. The publication of ‘New Directions’² was one of a number of developments which pushed mental health issues up the political agenda and resulted in new mental health laws being introduced. It was the first of a number of measures to come into effect since ‘see me’ began its work in early 2002.

The legislative and policy framework has changed with the introduction of the Mental Health (Care and Treatment) (Scotland) Act 2003, the extension of the Disability Discrimination Act to cover those disabled due to mental ill-health, and with the introduction of the Disability Equality Duty on public authorities. The onus is now on public bodies to introduce ‘policies that actively promote opportunities and so prevent discrimination taking place’. Likewise, the drive to get people with mental health problems off state benefits and into the workforce is gathering pace.

Implications for local authorities

These legislative and policy changes have particular significance for local authorities. Together with a range of



"A close friend who I'd known for over forty years hasn't spoken to me since I was admitted to hospital. Some of my family, who I was very close to before becoming unwell, were very distant afterwards and it is only recently that they have resumed contact again. This cut me like a knife and still stings to this day. They couldn't have hurt me more if they had hit me over the head with a baseball bat." Malky, Falkirk

other public bodies, councils fall within the scope of the Disability Equality Duty. Since 2003, they have had the power to advance community wellbeing. Section 26 of the Mental Health (Care and Treatment) (Scotland) Act 2003 places a duty on local authorities to provide services 'designed to promote the well-being and social development' of people who have or have had mental health problems, particularly in relation to social, cultural and recreational activities, training and employment.

All areas will be expected to include mental health in their Joint Health Improvement Plans and to take mental health improvement work forward through local Community Planning Partnerships and through local Community Health Partnerships.

National priorities

The Scottish Executive continues to include mental health as one of its three NHS Scotland priorities and the Executive's Equalities Strategy³, 'Working together for Equality', states that... 'there is a great lack of understanding of the needs of people... suffering mental health problems'. Mental ill-health is identified as both a cause and a consequence of social exclusion. As such, breaking down stigma can help address the social exclusion and poor quality of life of those who experience mental

ill-health and help tackle mental health inequalities by improving attitudes among those at greatest risk, such as those living in deprived neighbourhoods.

Furthermore, in 'Social Justice: a Scotland where everyone matters'⁴ the Scottish Executive has declared that 'The principles of equal opportunities should underpin social justice'.

Progress continues to be made in addressing stigma and discrimination: a priority for the mental health sector and government alike. In the Chief Medical Officer for Scotland's annual report, 'Health in Scotland 2005'⁵, Dr Harry Burns comments that 'the Scottish Executive has made a commitment to ensure that people who experience mental ill-health are not stigmatised or discriminated against.'

'Delivering for Mental Health'⁶, launched in December 2006, recognises the 'need to continue to address the stigma still attached to mental illness and ensure that patients, their carers and all who work with them are treated with dignity and respect.' The report acknowledges that equality, respect, social inclusion, recovery and rights are key to improving the experience of patients and carers and that they must be reflected in the attitudes and behaviours of mental health staff.

"Stigmas arise as people are frightened of what they don't understand. We have a drop-in centre on the high street and people are too scared to go in. It's silly as it's just a drop-in centre, anyone could go in." Norma, Elgin

An international challenge

Internationally, mental ill-health is now recognised as a global challenge. In 2005, the European Commission published its Green Paper on Mental Health⁷, and in January 2005 Scotland was represented at the signing of the WHO Mental Health Declaration for Europe in Helsinki. The need to challenge stigma and discrimination is acknowledged as a priority throughout, and it is significant that Scotland is leading the stigma element of the Helsinki Declaration within WHO Europe.

Changing context

It is not just policy-makers and legislators who have come to appreciate the need to address mental health issues. Awareness among the general public has grown and the media has taken up a plethora of issues related to mental well being and mental ill-health. Linkages between quality of life issues and the mental well being agenda are now being made to a degree which has not been seen before.

The environment now is one in which much of the public is more receptive to mental health messages and where significant legislative and policy drivers exist to encourage organisations to work more closely with 'see me'. The developments described above, and the experience and achievements

of the campaign since 2002 have equipped 'see me' to take advantage of the new opportunities and challenges which now present themselves.

SECTION 3: EXPERIENCE AND IMPACT OF MENTAL HEALTH PROBLEMS

Eleanor Trebilcock, Arbroath

There have been changes in how people's lives are affected by mental health problems. Health professionals now allow people to recover at home rather than whisking them off into hospital which can be difficult for families as well as the individual. People's reactions to me were different after I'd been in hospital compared to when I was unwell at home. Following hospitalisation, many work colleagues wouldn't talk to me. People I knew didn't know what to say, or wouldn't look me in the eye. Their behaviour towards me made me feel guilty . . . for being ill!

I think the general public are misguided and many have a mindset about psychiatric hospitals. They can only base their views on what they see in the movies or on TV and it's either negative like 'One Flew Over The Cuckoo's Nest' or portrayed in a way to make you laugh. But, mental health problems are far from funny.

It pains me to see the media portray people with mental health issues in such a negative and derogatory way. I notice it more when I'm unwell and it makes me feel worse. I've met many people who feel the same.

I think we are starting to make a difference - the tide is turning. For example, dramas on TV are starting to handle mental ill-health a lot more delicately. We've still got a long way to go though, especially in newspapers that still use negative headlines and words like 'psycho'.



“When I was ready to go back to work, I was told that ‘management wouldn’t warm to my return’ and I should take ‘voluntary’ redundancy. Before I was ill, I applied for a voluntary redundancy package but was turned down. The reason being that I was ‘too valuable an employee to lose’.” Dorry, Edinburgh

“No-one spoke to me about why I self-harmed even though they just told me to stop doing it. I remember saying to a member of hospital staff that I just want to talk to someone, and go outside for a walk. The blunt response was that there wasn’t enough staff. It felt like I was in prison. I had thought this is the place to get better, this is my chance to talk. It didn’t happen.” Sophie, Edinburgh

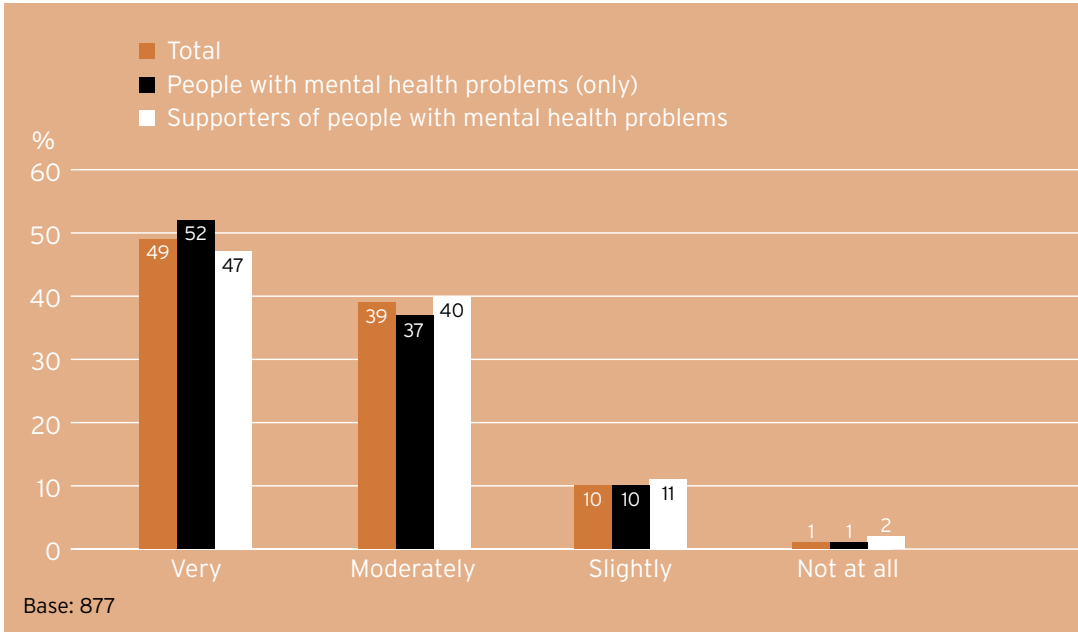
The survey found that personal experience of mental ill-health was widespread. Respondents had often had more than one diagnosis. Some 67% of those with experience of mental health problems reported having had two or more diagnoses since 2002 and 41% had three or more.

Types of mental health problems experienced
The most frequently occurring mental health problem cited was depression (72%) followed by anxiety (48%), self-harm (30%), manic depression/bipolar (26%) and schizophrenia (17%).

Women were more likely to report depression, anxiety, self-harm and eating disorder, whereas higher proportions of men had been diagnosed with schizophrenia and personality disorder.

In the vast majority of cases (88%), people regarded the mental health problems that they or those close to them had to deal with as either ‘moderately’ or ‘very’ serious.

Seriousness of mental health problem experienced



Mental health problems experienced

Condition	Total (Base: 1159)	People with mental health problem (only) (349)	Supporters (only) (278)	Both (532)
Depression	72%	65%	60%	83%
Anxiety	48%	43%	37%	56%
Self-harm	30%	28%	22%	35%
Manic depression/bipolar	26%	18%	32%	28%
Schizophrenia	17%	11%	28%	15%
Eating disorder	16%	11%	12%	22%
Obsessive compulsive disorder	13%	7%	14%	16%
Postnatal depression	11%	9%	9%	13%
Personality disorder	11%	11%	13%	12%
Other	12%	12%	12%	12%
(Base: 1159)				

The highest incidence of depression (83%) occurred among young adults in the 25-34 age group. Self-harm was much higher among the under 25s (64%); where it was at least twice as high as in any other age group.

The highest reporting of manic depression/bipolar was in the 35-44 age group (33%). Schizophrenia was cited by larger proportions of older respondents (28% of 45-64 year olds).

Depression was cited more frequently by those in work, and in education or training, (78% and 75% respectively). It was lowest among the long term sick and the retired (61% and 53% respectively). Schizophrenia was double the proportion among the long-term sick (32%) compared to the employed (16%).

Treatment received
Nine out of ten respondents cited medication as one of the treatments received by them or the person they have supported. After medication, the most frequently occurring treatments were counselling (56%), talking therapy (40%) and physical exercise (25%), particularly among men. Again, we can see a pattern of people receiving several treatments during the period.

In-patient care
Some 29% of the sample confirmed that they (or the person cared for) had been an in-patient in a psychiatric ward of a general hospital over the past five years. A similar proportion (30%) confirmed that they (or the person close to them) had been an in-patient in a psychiatric hospital over the five-year period.

“People believe that you are being daft and that you should just deal with it. When suffering from a mental health problem, however, this is sometimes impossible to do. You try to do the normal things like cooking, washing up, etc but these turn into giant mountains that seem impossible to overcome.”

Dawn, Glasgow



“I found it difficult to apply for jobs and I only got one or two interviews. I think it was because I was open about my mental health problems on applications. I was just twenty years old when my consultant psychiatrist told me I would never work again. It is soul destroying to be told by a professional, someone I looked up to and who was there to help, that you won’t work or achieve anything in life.” Paul, Arbroath

For both groups, in 64% of these cases the treatment was voluntary as opposed to compulsory. Of service users, 40% had received compulsory treatment at a general hospital over the period and 44% of those who had been in a psychiatric hospital had been treated on a compulsory basis.

A much smaller proportion (7%) had been treated (or the person supported treated) in a facility such as a private clinic. Of the service users among this group, only 22% had been a compulsory patient in this type of facility.

A similar proportion (6%) had experience of a high security hospital, such as the State Hospital Carstairs: 83% of these being treated on a compulsory basis. A total of 4% of service users responding to the survey had been in such an establishment (79% on a compulsory basis).

The proportion of the sample treated in a special hospital represents a higher proportion than we might expect. The relatively high figure for Carstairs in the sample can probably be explained by the distribution of survey questionnaires to the State Hospital and to service user groups.

Impact of mental ill-health on daily life
Looking over the past five years, and thinking about how people’s daily lives have been affected by mental ill-health, on the whole people’s experience had been negative. Overall, 88% claimed that mental health problems had

negatively impacted on their (or the supported person’s) daily life. Indeed, over half (52%) claimed that the impact had been ‘very’ negative. And this seems to be the picture for everybody, whether they are men or women, old or young or in or out of work.

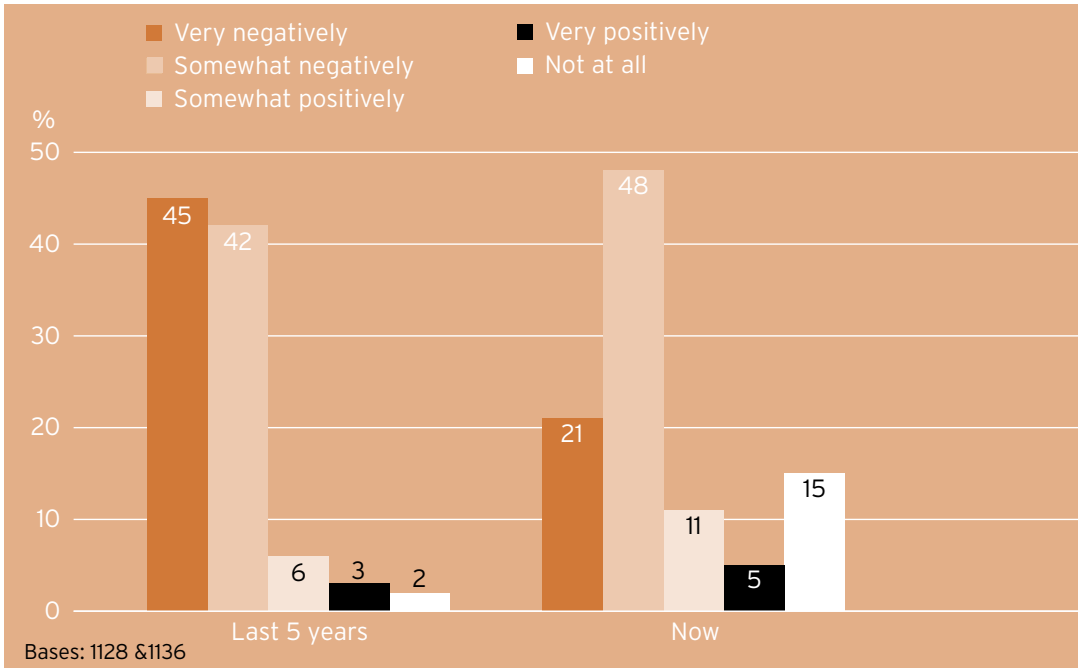
It is a picture we see repeated across Scotland, although there is a small, significant difference between the two main cities: Edinburgh had the lowest reported ‘very’ negative impact in Scotland (41%) while Glasgow was above the national average at 48%.

When people were asked about the effect of mental health problems on daily life now, we see a striking difference from their experience over the previous five years. Most strikingly, the proportion saying that the current effect was ‘very’ negative drops from 45% to 21%. This pattern also broadly holds true for people with more serious mental health problems.

Overall, we can see a clear drop in negative impact of mental ill-health on people’s lives from 87% over the past five years to a current standing of 69%. It is also notable that the proportion reporting no impact on their daily life increased to 15% from 3% when we compare now against the past five years.

The above observation, while encouraging, should be interpreted cautiously. The improved situation could be partly due to a lessening of

Effect of mental health problem on daily life - then and now



stigma, but it may also reflect people’s recovery, that they are experiencing less debilitating symptoms or have more effective treatment.

Nevertheless, the evidence from the survey here bodes well for the general efforts that have been made in the mental health arena in Scotland in recent years, for example under the National Programme, and including the anti-stigma work of ‘see me’.

For example, while over the last five years some 46% of those in employment felt the impact of mental health problems on their daily life was ‘very’ serious, only 15% of this group feel this is the case today. There is a strong suggestion here that the work

that ‘see me’ has carried out to tackle stigma in the workplace is paying dividends.

While it seems that Scotland is moving in the right direction, it is important not to be complacent. The majority of service users and carers responding to the survey still report that mental ill-health is having a negative impact on them as they go about their day-to-day lives. And for certain groups the problem is worse than for others, such as older adults aged between 45 and 64 years. The proportion of this group reporting that mental health problems still have a ‘very’ negative impact on daily life was 28%, well above that for the 35-55 age group at 16%.

SECTION 4: EXPERIENCE OF STIGMA

Jay, Aberdeen

At 17, I went to my GP because I was experiencing insomnia, anxiety and depression. My initial diagnosis was severe clinical depression, later re-diagnosed as Borderline Personality Disorder.

Learning to live with my illness has been one thing, dealing with stigma quite another. Friends treated me differently when they heard I had depression. I was no longer Jay. I was Jay who's depressed. One family member didn't believe I had a mental health problem, remarking "what do you have to be depressed about".

One organisation I worked for discovered I'd missed a training session because I was in hospital. I was slowly 'moved out' of the organisation then finally, asked to leave. I gave up another job in a care home because staff attitudes were so bad. They'd talk about me and isolate me.

Despite these experiences, I am always open about my mental health problems because we need to face up to mental illness, not hide from it. I don't want others to go through what I have experienced. I want people to realise that people with mental health problems can recover and live well, even with ongoing symptoms.

I'm twenty-five and I don't want to face stigma at every turn in my life. I want to work and my husband and I are looking forward to having our own family. I don't want stigma to affect my children's lives. It's up to this generation to put an end to it once and for all.

“Genuinely discriminatory behaviour does go on, which I think is highly based on misconceptions. I’ve been guilty of it myself when I worked for a company that provided services for people with mental health problems. I remember thinking it would never happen to me, and it did! People need to stop and think what it’s like to be in someone else’s shoes. I think ‘see me’ helps people to do that.” Beth, Strathaven

“Initially, when I first became ill, I felt that friends and family flocked to me, that they really cared. Unfortunately, the longer I was ill the less tolerance people had and certain friends moved away. You really find out who your friends are.” Geraldine, Dundee

The great majority (81%) of respondents to the survey had personally experienced stigma or discrimination at some point since 2002 as a result of the mental health problem that they, or the individual they were supporting, had experienced.

The incidence of stigma was particularly high among people who had both supported someone with mental health problems and had personal experience themselves. Some 85% of this group had experienced stigma, whereas among service users experience of stigma was a good bit lower at 76%.

Stigma was also higher among men (88% compared to 78% for women), young adults (86% of 25-34 age group experiencing stigma) and for the long-term sick (90%).

Experience of stigma by age (base 582)

Under 25	80%
25-34	86%
35-44	79%
45-64	82%
65+	72%

Although people’s experience of stigma is consistently high across all types of mental health problems, for three mental health problems in particular the experience of stigma exceeded

90%: personality disorder (94%); eating disorder (91%); and self-harm (91%). Of the people who reported schizophrenia or OCD, experience of stigma was also above average at 89%.

Experience of stigma by mental health problem (base 1109)

Personality disorder	94%
Eating disorder	91%
Self-harm	91%
Schizophrenia	89%
OCD	89%
Manic depression/bipolar	85%
Anxiety	83%
Depression	82%
Postnatal depression	80%
Other	88%

The context of stigma
Stigma happens to people in a range of situations and contexts. Of those who had experienced stigma, over three-

quarters (77%) had done so on more than one occasion since 2002 and 30% had experienced stigma on at least four separate occasions.

Situation where stigma experienced

Situation	Total (Base: 1121)	People with mental health problem only (Base: 339)	Supporters only (Base: 263)	Both (Base: 519)
Friends and family	53%	50%	53%	54%
Employment	46%	44%	37%	53%
Local community	24%	18%	29%	26%
Mental health/other health services	24%	18%	22%	29%
Education or training	17%	13%	18%	20%
Financial institutions (e.g. banks, building societies)	17%	12%	18%	19%
Government agencies and local government services	13%	10%	15%	15%
Parenting	12%	9%	12%	14%
Housing	10%	6%	12%	12%
Sports clubs/organised activities	6%	4%	9%	6%
Another situation	17%	16%	15%	18%
No stigma experienced during this time	19%	24%	21%	15%
(Base: 1121)				

When we look at the specific situations that people are experiencing stigma in, we can group them into four broad clusters:

- ‘friends and family’ and ‘employment’ (stigma ranging from 53%-46%)
- ‘local community’ and ‘mental health services and other health services’ (stigma at 24% for both)
- ‘education and training’ and ‘banks,

insurance companies and other financial institutions’ (17%)

- ‘government agencies and local government services’, ‘parenting’, and ‘housing’ (stigma ranging from 13%-10%)

The discussion will now concentrate on the four most frequently occurring contexts where stigma has been

“I have applied for promotions many times, only to be told that they don’t want to give me the added pressure, it is ‘for my own good’. This leaves me feeling bad, upset and frustrated and it affects how I do my job.”
Jill, Perth

“It’s ridiculous really - they would call me a paedophile which is really insulting as I most definitely am not one. They ring my doorbell at night just to call me names! I have called the police before but when it’s minor incidents they don’t want to be bothered. I’ve even had bricks thrown at my window.” Bruce, Castle Douglas

experienced; i.e. friends and family; employment; the local community; and in mental and other health services.

Friends and family
The most frequently occurring situation where stigma took place was among ‘friends and family’; over half of all respondents (53%) experiencing stigma in this context.

People in the 25-34 age range experienced the highest incidence of stigma (66%) from friends or family. The experience of stigma was 45% for the 45-64 age group.

In terms of the nature of mental health problems experienced, the highest incidences of experience of stigma among friends and family appear for:

- Personality disorder - 70%
- Eating disorder - 68%
- Self-harm - 64%
- Obsessive compulsive disorder - 62%
- Postnatal depression - 62%

For the most frequently occurring mental health problem (i.e. depression), some 57% of respondents highlighting this problem had experience of stigma among friends or family.

In the follow-up interviews, a number of people talked about the situation deteriorating over time. Some of these people felt, even though others may have been initially supportive, that they had been gradually abandoned by family and friends over time, resulting

in the loss of friends and social contact leading to increased isolation.

One woman talked about her sons both starting to treat her differently after they left home. One acts as if he does not believe there is anything wrong with her. Both were much more accepting when they were younger, but became less tolerant when they left home.

Another respondent said “initially friends and family flocked to me when I first became ill, like they really cared, but the longer I was ill the less tolerant they became and gradually drifted away.”

The widespread experience of stigma in this environment underlines the importance of family and close friends having access to information, advice and support that will help them respond supportively when someone close to them is trying to cope with mental ill-health.

Employment
Stigma had been experienced in employment situations by 46% of respondents, (and by 47% of those who were currently employed when surveyed). The figure was significantly higher for people who had mental health problems and also supported someone, with 53% of this group having had some personal experience of stigma in the working context. Men were much more likely to have

experienced stigma in the workplace: 52% compared to 43% of women. Similarly, people in their prime working age were also more likely to have experienced stigma in relation to employment: 66% of 25-34 year olds and 54% of 35-44 year olds.

The most frequently occurring mental health problems where stigma was reported were:

- Personality disorder - 58%
- Obsessive compulsive disorder - 55%
- Anxiety - 52%
- Schizophrenia - 52%
- Manic depression/bipolar - 51%

For those who reported depression as one of the mental health problems, 49% had experienced stigma in the workplace.

It was apparent from the follow-up interviews that people felt that there is a widespread lack of support and unsympathetic attitudes in the workplace for people with mental health problems. In short, people felt that working colleagues just ‘don’t want to know’ and that making one’s mental health problem known can damage either the prospects of holding down an existing job or the chances of finding a new one.

As one person pointed out, “Stigma is most apparent in employment. I had to leave my job as I had a break-down; there was no offer of coming back. I haven’t spoken to my boss since.

I’m wary of getting another job.”
Another woman talked about how she felt pressurised, even ‘compelled’, to leave her work after informing her boss she had been sent for counselling and was met by an attitude that was concerned only about ‘how long would this go on for?’ and ‘that she should just get on with it’.

A similar story was told by another interviewee who reported: “My employer’s attitude was I needed to pull myself together and get on with it. It’s as if outward symptoms are needed as a form of proof that you are really ill and when there are none then it is difficult to believe that there is really something wrong”.

Local community
After ‘friends and family’ and ‘employment’, we find a significant drop in the incidence of reported stigma. The next most frequently occurring stigma situation is the ‘local community’: some 24% of the sample had experienced stigma in this context. However, the proportion for people who had experienced stigma while caring for others was slightly higher at 29%.

Men were more likely to have experienced stigma in their local community; 31% compared to 20% for women. Older adults in the 45-64 age group also had a relatively high incidence of stigma (31%). Again, when considering people’s employment

“I’ve lost count of the number of times my dad has called me stupid because of my mental health problems. My parents don’t understand that self-harm is my way of coping. They haven’t told any of my family or their friends that I’ve attempted suicide or that I harm myself. They are scared about what people will think of them having a daughter that does that to herself. We don’t talk about it.”
Diane, Fife



“I’ve experienced stigma as a result of my self-harm. If my daughter and I are out walking together and she sees her friends I automatically hang back. I don’t want to embarrass my daughter. It just proves that there is still work to be done to get people to understand mental health problems and stop stigmatising.” Janet, Arbroath

situation, it was the long-term sick (40%) who most frequently pointed to experiencing stigma within their local community.

For certain mental health problems, a much higher incidence of local stigma is evident. The most frequently occurring mental health problems where stigma was reported in the local community were:

- Schizophrenia - 48%
- Personality disorder - 43%
- Obsessive compulsive disorder - 43%

The mental health problem where the lowest incidence of stigma in the local community was reported was ‘depression’, the most frequently occurring mental health problem across the sample.

The follow-up interviews suggest that what is happening at the local level is simply the playing out of more mainstream public attitudes. These have historically been characterised by ignorance, suspicion, mistrust and fear surrounding mental ill-health, resulting in people maintaining their social distance from others with mental health problems.

The above is evident in the following comments from the follow-up interviews:

“In the wider community people are still really ignorant regarding my illness and they still think that

it is all in my imagination.”

“I always got the feeling that people were ignoring me. People are afraid to ask you how you are; they don’t want to hear the answer.”

“Friends of friends hold back and act nervous around me as if they don’t know what to say to me.”

Health services

A similar proportion (24%) of people have experienced stigma when dealing with mental health or other health services as in their local community. These were more likely to be men and people in their late 20s and 30s. People with experience of personality disorder (51%), schizophrenia (38%) and eating disorder (37%) are also more likely to report discrimination in these services.

A large amount of feedback was received about stigma experienced by people when they were accessing health services. Indeed, for a number of these interviewees, this was the only context where they had experienced stigma. There was a general feeling of being let down or, failed by the health services and a number of people recounted some brutal and painful experiences.

One respondent claimed that because she did not do what the GP told her, he felt unable to help further and asked her to leave the practice which

she feels has caused problems when trying to find another GP. Another woman claimed, “My GP tried to bully me... he threatened to get involved in my work records and that I should be grateful that my children had not been taken away.”

Nor are unsympathetic attitudes restricted to GPs. One person who had been self-harming was accused by a hospital doctor of ‘attention-seeking’ and asked if she was ‘happy with herself’. Another respondent reported that “staff in the psychiatric ward felt I was educated. I didn’t fit into any of their boxes. They didn’t know what to do with me.”

The past few years have seen many positive developments, not least the increasing influence of service users in setting the culture of care and support. Scottish mental health policy is committed to the development of services in which individual rights, are recognised and respected. While these changes promise much, feedback from the survey suggests that there is much remaining to do to see them come to full fruition.

Anticipated and internalised stigma

The survey explored if people had acted or behaved differently, possibly avoiding a situation, because they were worried about or feared experiencing stigma or discrimination. Overall, 82% of respondents claimed this had indeed been the case. The proportion

for the ‘supporters only’ group was much lower at 66%.

There was no significant difference between men and women in terms of avoiding a situation for fear of stigma. However, people over retirement age were much less likely (48%) than all other age groups to have avoided a situation for this reason.

When we consider the specific mental health problems experienced, those where a slightly higher incidence of ‘situation avoiding’ behaviour was recorded are:

- Personality disorder - 89%
- Eating disorder - 89%
- Self-harm - 88%
- Anxiety - 87%

Avoiding situations because of fear of stigma was slightly less prevalent than the norm (though still very high) for people with:

- Manic depression/bipolar - 79%
- Postnatal depression - 79%
- Schizophrenia - 80%

It is in the relatively intimate environments of the family and the workplace that we find the highest incidence of ‘situation avoiding’ behaviour. Over half of the respondents reported that they have acted differently because they were worried about stigma or discrimination when interacting with friends or family (54%) or in an employment situation (52%).

“I would love to go out more places such as the local pub and library but I am too frightened to in case I am dangerous. I have never been dangerous but you read about schizophrenics being dangerous all the time in the paper, so I thought that because I have schizophrenia that I would be dangerous if I went out.” Danny, Ayr

Close to one-third of respondents (32%) had found themselves acting differently in their local community because of the fear of stigma. The proportions choosing to adopt ‘situation avoiding’ behaviour when engaged in education and training and when dealing with mental health and other health services were 27% and 23% respectively.

As we would expect, people who have already experienced stigma are even more likely to avoid situations where they suspect this may happen again. For example, when we consider the friends and family environment and the situation of the workplace, some 58% and 57% of those with experience of stigma said they have acted differently or avoided situations because of their fear of stigma.

Both the prevalence of stigma among friends and family and the incidence of ‘situation avoiding’ behaviour in this context is particularly worrying. It is well known that being able to spend time with people close to you is one of the factors most closely associated with a positive effect on mental health. It is also an important factor closely tied to supporting recovery.

People not experiencing stigma
A minority of the sample, over 200 people claimed they had not experienced stigma or discrimination

over the last five years. Of these, three-quarters had experienced mental ill-health during this time. A third felt their mental health problem to be ‘very’ serious and a further 46% said that it was ‘moderately’ serious. Almost two-thirds (64%) of the people who had not experienced stigma were supporting others.

Depression and anxiety, account for 72% and 45% respectively of those who had direct personal experience of mental health problems, whereas schizophrenia was cited by 9%.

A significant proportion still found themselves acting differently because of their anxieties about the possibility of experiencing stigma: 32% acting differently with friends and family; 28% in employment and 12% in education or training situations; 11% in the local community; and 9% when dealing with mental or other health services.

The follow-up work uncovered a variety of possible explanations for why people felt they had not experienced stigma. The messages here are both positive and negative: people choosing to hide their illness from others, fearing the consequent responses, while others point to how times have changed and how others are now much more understanding and tolerant than they were in the past.



“Sometimes it’s the way nurses are with you - offhand and dismissive. You see them being nice, chatting to other patients, then they treat you like scum. You’re feeling stressed and depressed - you’ve taken an overdose and the biggest part of you wants to die. Being treated like that makes you feel worthless, nothing, the bottom of society. It’s not all nurses. They need more training and support.” Helen, Aberdeen

THE PAST

“It was a vicious circle. There was less awareness of eating disorders and more stigma surrounding it. I kept quiet and didn’t talk about it. I wanted to avoid being defined in terms of my illness.”

THE PRESENT

“People can be more open about mental health problems today. In the past I worried about my friends leaving me when I went into hospital. But it never happens. They are all waiting to see me and take me places when I come out.”

SECTION 5: CHANGING EXPERIENCE OF STIGMA

Kathryn Thompson, Dundee

I was diagnosed with bipolar affective disorder when I was twenty-six. Before I became unwell, I had preconceived ideas about people living with mental health problems, probably gained from the media and society. I realised just how ignorant I had been in the past, and I feared how other people would react to me if they shared these same ill-informed attitudes.

I was right to be concerned. Some people freaked out and acted as if I were a 'nutter', others became really inquisitive asking loads of questions, which were inappropriate and intrusive. The worst was when people treated me like a child, assuming that they knew what was best for me. It was patronising and extremely frustrating. I just wanted to say 'stop removing the choice from me!'

Of course this was after I had come to terms with my own illness. Initially I believed that my mental health problem would restrict me from doing things, having a career, etc. If people around you say you should lower your expectations then you start to believe them.

When I was made redundant, I had low self-esteem and thought it was pointless to even try to get another job. But, once I stopped viewing my illness as a problem, I stopped being scared about what other people would think. It took a long time for me to gain that perspective. Now I can be more open and I'm able to challenge those who are ready to write off others just because they have mental health problems.



“I have always been open about my mental health problem as well as my epilepsy which was also a taboo subject some 40 years ago. People used to tell me that I was somewhat ‘too open’ about my health issues and that they were ‘not something that you should talk about.’ Years ago you could lose your licence and job because of these health problems. I’m happy to see this issue is being tackled and progress is being made in this area.” Jason, Haddington

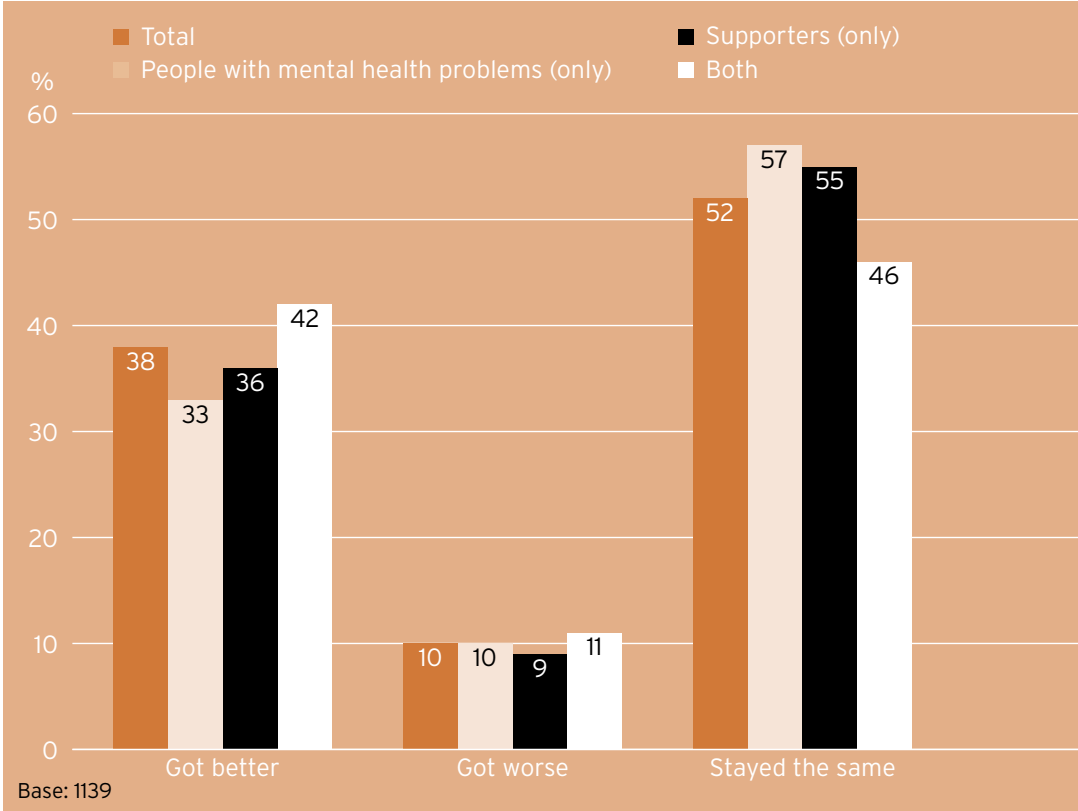
“When I came out and told some of my friends they said something like ‘now everything makes sense’. I asked them what they meant by that and they were like ‘well when we asked you to do something you would always pull out at the last minute and now we can see why’. Now I don’t need to make excuses, I can just say I’m not feeling 100% today and that’s enough for them.” Paula, Stirling

A key purpose of the survey was to find out if people felt the problem of stigma or discrimination had changed since 2002, both from their own experience and within society in Scotland generally.

Personal experience
From what they had seen and experienced, well over one in three (38%) felt that things had improved.

Just over half (52%) felt that the problem had stayed the same and only 10% considered the situation had got worse. A perception that things had changed for the better was highest among people who both had experience of mental ill-health and supported someone else who had (42%), and lowest for the service users only group, where 57% had not noticed any change over the period.

Perceived change in the problem of stigma since 2002



Women were much more likely than men (41% compared to 32%) to feel that the problem has got better from what they have seen or experienced.

Also, among adults aged 35-44, we see a much higher proportion (49%) pointing to improvement.

Perceived change in the problem of stigma since 2002

	Got better	Got worse	Stayed the same
Gender (Base: 1033):			
Male	32%	13%	55%
Female	41%	9%	50%
Age (Base: 587):			
Under 25	37%	14%	49%
25-34	37%	10%	53%
35-44	49%	8%	44%
45-64	31%	12%	57%
65+	44%	15%	41%
Working status (Base: 588):			
Employed	44%	6%	50%
Not employed, but looking	45%	12%	42%
Long-term sick	32%	14%	55%
Retired	33%	17%	50%
Education/training	31%	18%	52%
Other	33%	21%	46%
Condition (Base: 1126):			
Personality disorder	36%	18%	45%
Eating disorder	43%	14%	43%
Self-harm	39%	16%	45%
Schizophrenia	37%	14%	49%
OCD	39%	17%	44%
Manic depression/bipolar	44%	11%	44%
Anxiety	38%	11%	51%
Depression	40%	11%	49%
Postnatal depression	44%	16%	40%
Other	32%	19%	48%

(Base: 1159)

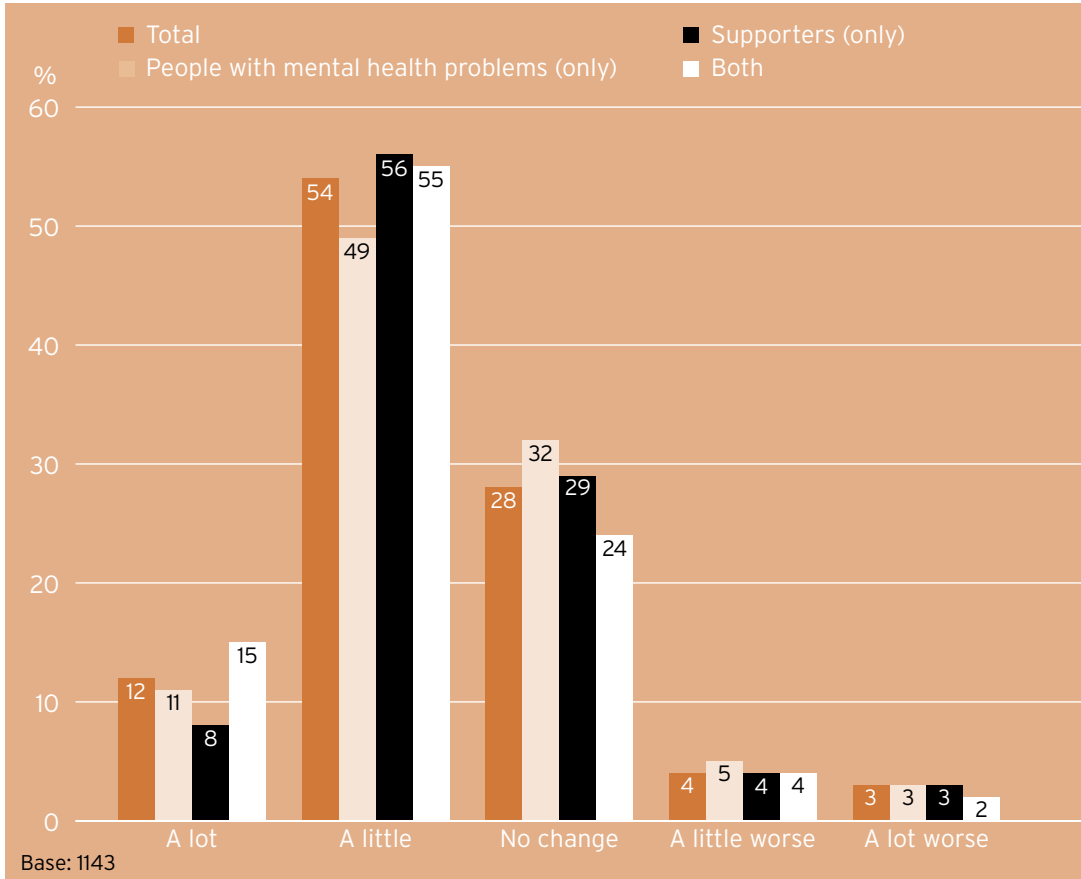
Generally speaking, there was not a great amount of difference across the various diagnoses. Nevertheless, on one hand, people with manic depression/bipolar, postnatal depression and depression were

slightly more inclined to feel that the situation had got better. On the other hand, those who had experienced self-harm and schizophrenia were more likely to feel that the situation had deteriorated.

“There is an internal stigma created by many who suffer from mental health problems. People can’t justify or explain their illness and they don’t give other people a chance to because they stigmatise themselves. I believe that this stigma stops people from being able to talk about their mental health problems and until they do there will always be a gap.” Nigel, Forfar

“The biggest problem is that people with mental health problems often ‘know’ what employers’ reactions to their mental health problems will be. In your head you’ve often applied and been rejected before you’ve actually lifted the phone to call for an application pack.” Chris, Glasgow

Overall change in the stigma problem in Scotland since 2002



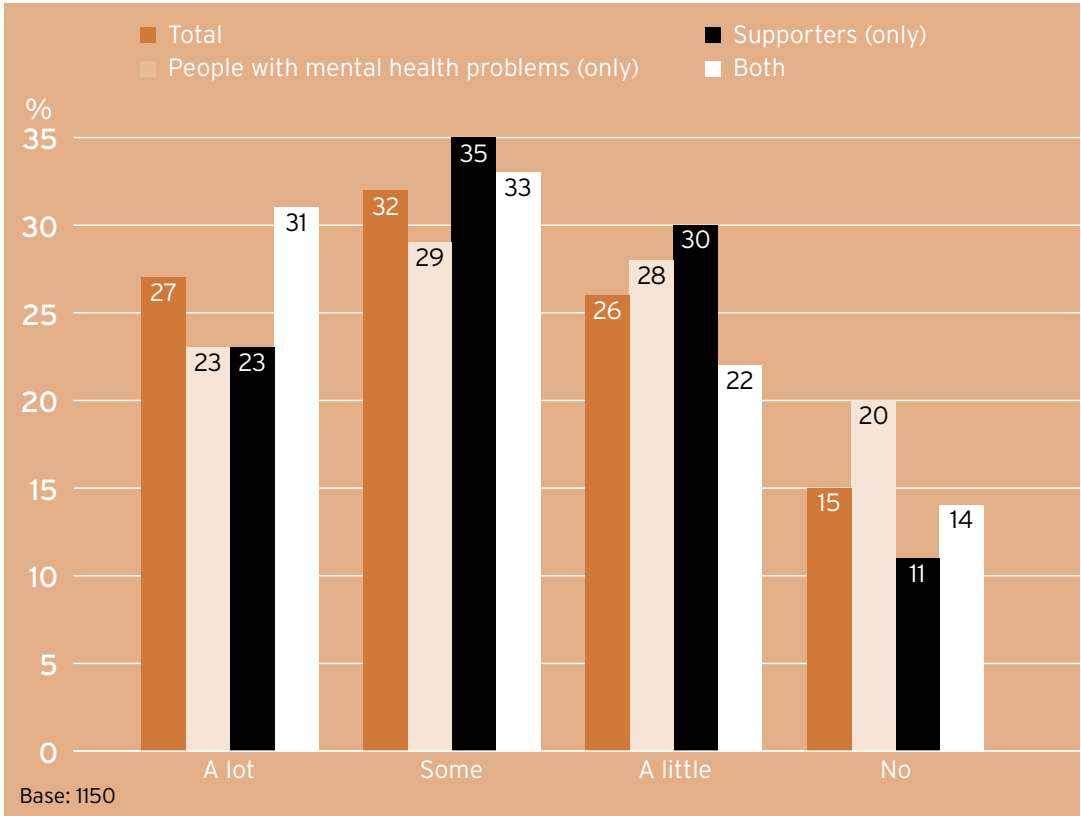
People treated in a psychiatric ward of a general hospital were slightly more likely to feel that things had improved compared to those treated in a psychiatric hospital. And this is true for both voluntary and compulsory patients.

Attitudes in Scottish society

When people reflected beyond their own direct experience to the situation in society as a whole in Scotland, an even more positive picture develops.

A much higher proportion felt that the situation had improved: some two-thirds of all respondents believed that things had improved either a little or a lot. Among people who had both supported someone and had their own mental health problems, 70% felt that the situation had moved forward for the better. Overall, only 28% felt there had been no change in the problem of the stigma of mental ill-health and only 7% considered it worse.

Feeling able to be more open and talk, by type



Women appear to be more optimistic, with 70% detecting a change for the better compared to 60% for men. Across the age spectrum, differences can be noted among adults aged 35-44 and 45-64 years. People in the younger group were more likely to believe stigma had improved (76%) compared to 60% in the older group.

A feeling that the stigma problem across Scotland had improved was shared across people with different mental health problems and across those who had been treated in general

and in psychiatric hospitals. There seems to be no significant differences emerging in these areas.

Being open and speaking out

A very important stigma indicator, and measure of whether or not the situation is changing for the better, is if people feel able to be more open and talk about their mental health problem, or to encourage others with mental health problems to do so.

After four years of campaign activity, we would hope to see some movement

“In the past I have lied about my job and working full time, and to people at college - all to avoid people knowing. People who you haven’t seen for a while ask what you’ve been up to and it can be difficult to decide what to say. Most of the time it is things people say behind your back, not to your face, that are most damaging.” Sam, Edinburgh

“My friends thought I was being moody. They were always laughing about mental health problems - joking about ‘going crazy’ and stuff. I found it really hard to deal with.” Brenda, Inverness

here, with people feeling more confident about coming forward and talking about the problem, rather than withdrawing, keeping it to themselves and probably avoiding situations as a result.

It is very encouraging to note the very high proportions that feel able to act differently. The figures suggest a definite reduction in the problem of self-stigma that surrounds mental ill-health and a broad shift towards greater social inclusiveness.

The great majority of respondents (85%) felt able to be more open and talk about their mental health problem or to encourage others to do so. Over a quarter (27%) felt ‘a lot’ more able to be open and talk, with 31% of people who were both service users and supporters responding in this way.

When we look at different social groups, we can see:

- the under 25s are less likely (78%) to be more open than the average (85%), possibly suggesting a challenge to be addressed among young adults;
- the 25-34 age group is more likely to be open (92%), a big difference from people just a few years younger, and;
- those in employment (88%) are slightly more likely to be open (possibly a reflection of impact of the employment strand of the ‘see me’ campaign).

The picture is fairly consistent across the range of mental health problems experienced, with the highest incidence of positive shift being for people who had experienced personality disorder, where 90% of respondents felt able to be more open.

In terms of the institutional treatment received, for people who have been treated in a psychiatric ward of a general hospital, we note a difference depending on whether the treatment was voluntary or compulsory. While 90% of voluntary patients felt able to be more open, only 83% of those treated on a compulsory basis felt able to be. Despite the difference, the figures are still high and the picture for the compulsory patients is pretty close to the overall average.

While this is an encouraging picture, the situation is still far from ideal and the reality of stigma continues to blight the lives of people with mental health problems, particularly among people with more serious diagnoses.

The follow-up interviews uncovered a lot of worry and reluctance about being open. As one respondent pointed out (highlighting what is possibly a common dilemma), “I’m honest with my friends, but then they disappear. I don’t know if they are just fair-weather friends or if they cannot cope?”

Nevertheless, while there is still a long way to go, the situation is improving. Another interviewee talked about how he used to deal with his mental health problem when he “would rather curl into a little ball and hope it went away”. Now he has become more aware and he is much more forthcoming about his illness in the hope that he can help others.

And the propensity to be more open and talk about mental health problems extends beyond service users. Another interviewee highlighted this when he said, “talking helps, but it depends on who with. I’d previously have felt shameful about discussing problems, but my family can talk about these things more than they could before.”

SECTION 6: CONTRIBUTION OF 'SEE ME'

James Cairns, Easterhouse

I became very unwell in January 1999. I heard 'messages' from people and the TV telling me to go to London. I was hospitalised for two weeks before returning to Glasgow.

Initially, I wouldn't accept that I was ill and I didn't want others to know. I'd seen how people behaved towards others with mental health problems and I didn't want it happening to me. But it did. Friends said they'd be in touch but never called - one friend hung up saying "You've got the wrong number". Relatives avoided me in the local shopping centre. It was really hard.

Before I got involved as a 'see me' media volunteer, I'd done one media interview. The journalist didn't listen and misquoted me. It was awful. I wouldn't have spoken to the media again if it hadn't been for the training and support 'see me' gives to their media volunteers.

With 'see me' I've done interviews with local and national newspapers, radio and TV - my highlight being 'Family Matters' on Radio 4 with the late John Peel. I went on to volunteer for Breathing Space, sharing my story at events across the country to encourage young men to seek help. And this year I won the UK telephone **Helpline Volunteer of the Year** award.

Going back to London for the award ceremony took me full circle and I realised how far I'd come. Attitudes are changing and I'm proud I'm part of it, but there's more to be done, so I'm happy to keep talking!



“People’s perceptions of mental illness are definitely changing. They are more educated thanks to campaigns like ‘see me’. A friend was just saying that before, if she’d seen someone talking to themselves in the street, she would cross the road. Now she realises that they are suffering mental health problems. She believes ‘see me’ has taken away the fear factor. ” Brenda, Glasgow

“I strongly believe that the campaign and others like it have made a huge contribution to lessening the stigma that surrounds mental health issues. Bringing it into the public eye has taken away that picture that people automatically imagine, of a ‘nutter’ throwing himself around a padded cell.” Simon, Gourock

As the above quote suggests, a number of people make a direct connection between the ‘see me’ campaign and the general improvement in stopping the stigma of mental ill-health. The sentiments of the quote are also borne out by the quantitative data. For instance, as the table below shows, the more that people are aware of the campaign, the more likely they are to feel able to be more open and talk about their mental health problems.

Link between awareness of ‘see me’ and feeling more open

	Feeling a lot more open	Feeling somewhat more open	Feeling a little more open	Not feeling more open
Awareness of ‘see me’				
A lot	43%	32%	15%	11%
Some	27%	35%	26%	13%
A little	18%	31%	34%	17%
Nothing	24%	29%	22%	25%

Base: 1094

Over four years of campaign activity, ‘see me’ has achieved an extremely high penetration among those affected by mental ill-health. Close to nine in ten respondents (86%) felt they could recall something about the campaign, with only a few (4%) being unsure.

Most people recall a substantial amount about the campaign. For example, 57% felt they could recall ‘some’ or ‘a lot’ about the campaign. Among those who both supported someone and had their own mental health problem, almost a quarter (24%) could recall ‘a lot’ of ‘see me’ activity.

Women were more likely to recall ‘some’ or ‘a lot’ about the campaign; 63% against 45% of men. Younger adults aged 25-34 years could also recall more: 69% recalling ‘some’ or ‘a lot’ compared to 53% and 50% respectively for the 35-44 and 45-64 age groups.

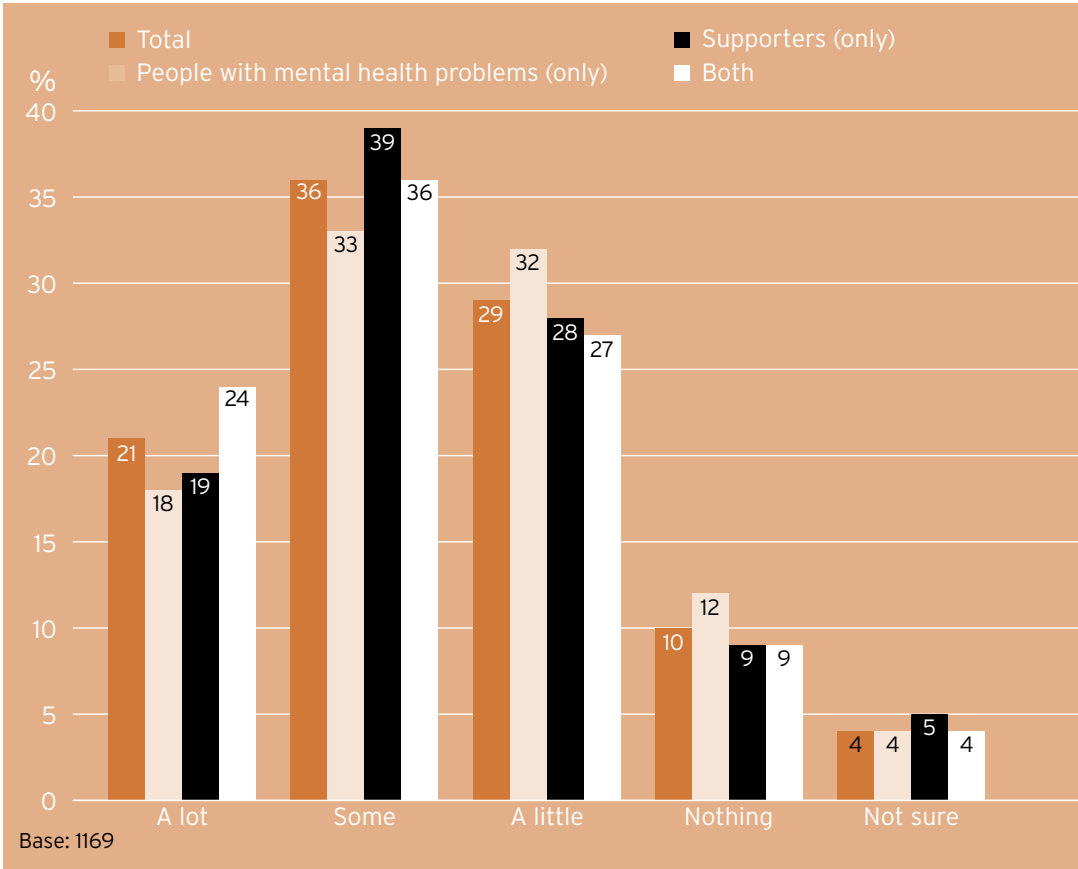
Recall of specific ads

The feedback received here is supported by the respondents’ recall of specific images used in the campaign. The respondents were shown six images: the ‘see me’ logo; the goalie ad, the necklace ad, Cloud Boy, Cloud Girl and an image from the swing-park ad, and asked if they could recall each one.

Nine out of every ten respondents could recall at least one of the specific ads. Some 78% of the sample could recall two or more of the images shown, 41% could recall at least four and 14% could recall all six.

The most frequently recalled image was the swing-park one, which 69% of respondents recalled. The proportion recalling this image among those who both had personal experience and were supporters was 72%.

Amount of ‘see me’ campaign recalled



Indeed, with one exception, recall of the images exceeded 50% among all respondents. The exception was the necklace ad. This was the only image where recall fell below 50% for the full sample.

The relatively low recall of the necklace is probably due to the fact that it has not been seen on TV. However, it is worth noting that for people who had experienced ‘eating disorder’ and ‘personality disorder’, recall of the

necklace image rose to 62% and 60% respectively.

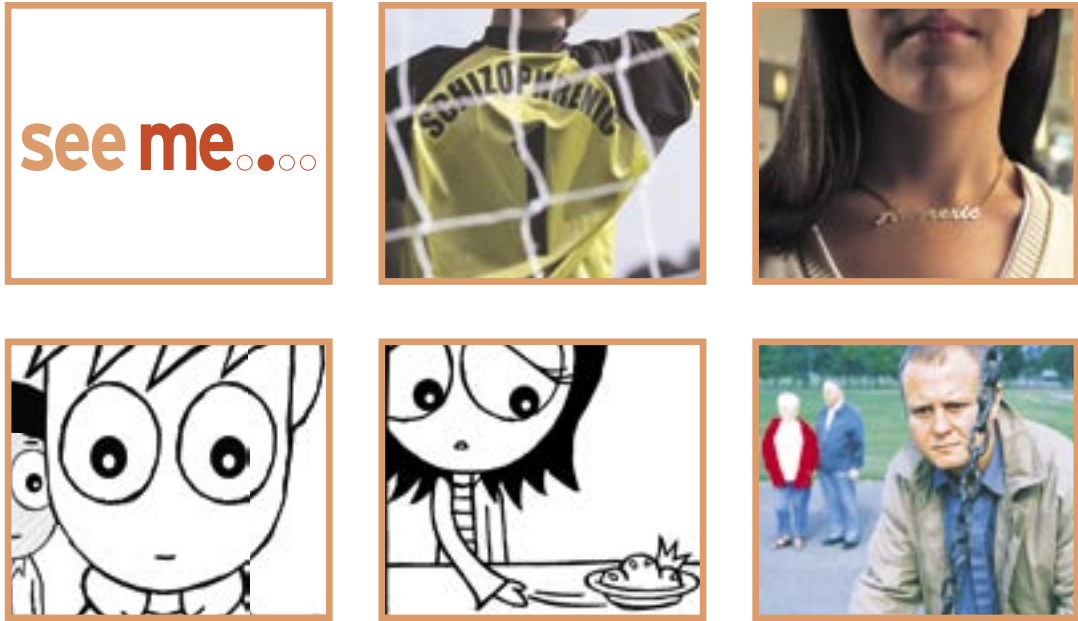
Women were more likely to recall each of the specific images shown, with the exception of the ‘goalie’ where recall stood at 67% for both men and women.

Some very noticeable differences can be seen when we compare recall across the ages:

- Younger people were much more likely to recall the Cloud Boy and

“I cannot fault ‘see me’, it’s really positive. You can relate to people on the website and you feel like an equal. It’s one of these campaigns that is non-patronising and even now this is quite new.” Beth, Strathaven

“People also have a better idea of the different levels of depression; that it can be light and allow you to get on with things or that it can be really heavy and make it hard for people to just get on with day-to-day life. ‘see me’ is reaching the ordinary man in the street, who previously would have had no understanding.” Norma, Elgin



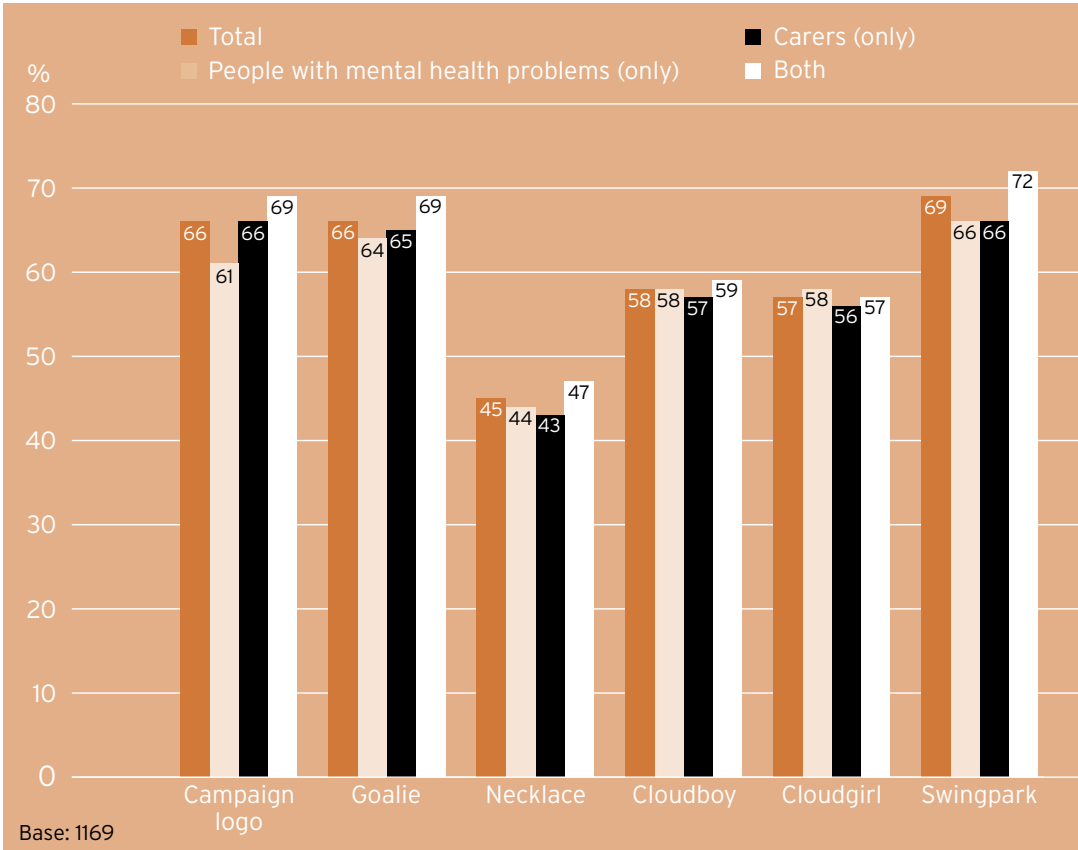
Cloud Girl images. This strand of the ‘see me’ campaign was targeted specifically at teenagers. It is striking to note that recall of the two images among the under 25s is between 81% and 83%. This compares to only 36% for the 45-64 age group.

- The 25-34 age group shows by far the highest recall of the ‘see me’ logo (77%) and the ‘goalie’ (78%), and indeed shows relatively high recall for all other images.
- Recall of any of the images reduces noticeably among the 45-64 age group and even more so for the 65 and over group. In fact, for the over 65s recall of any of the images did not exceed 50% – and in most

cases was considerably less than 50%.

Impact of ‘see me’ on how people with mental health problems feel about themselves
Most of the respondents (63%) felt that ‘see me’ has made a difference to how people with mental health problems feel about themselves. Some two-fifths felt that this difference was ‘some’ or ‘a lot’. While a further one in four were unsure if ‘see me’ had made a difference, only 11% did not detect an impact by the campaign on how people with mental health problems feel about themselves.

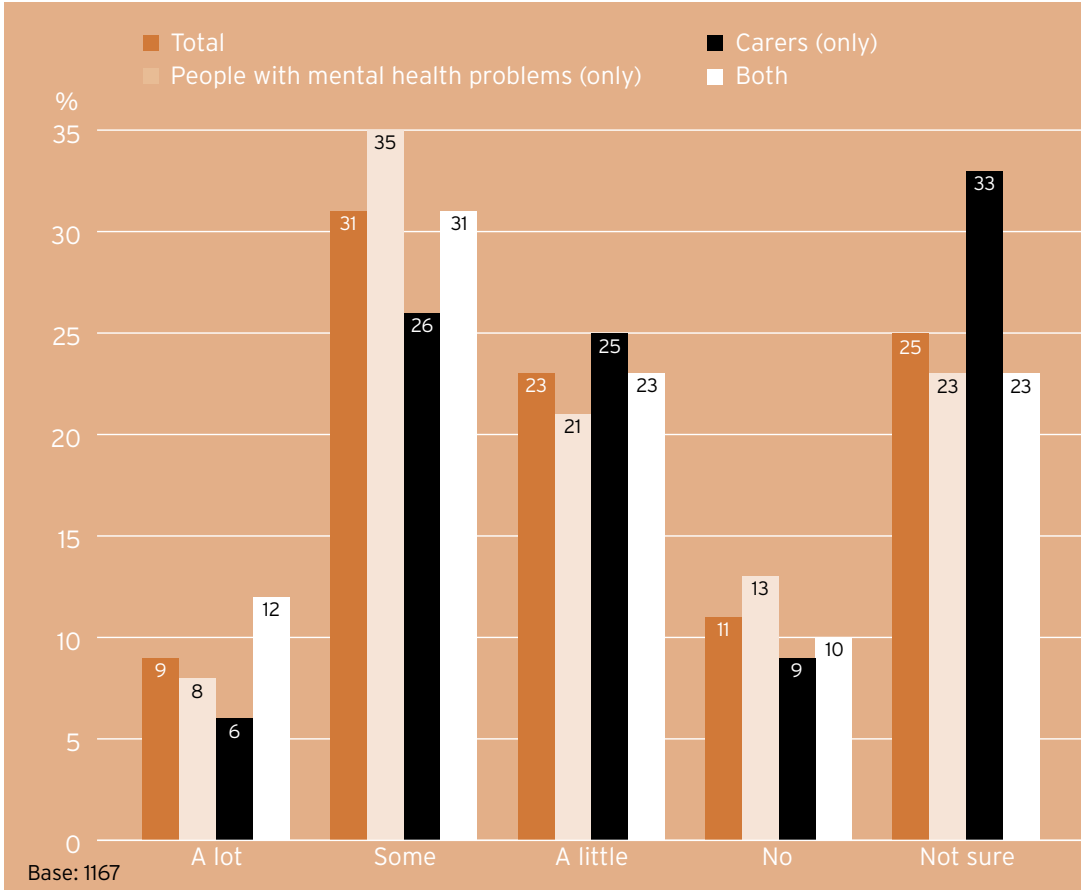
Recall of specific campaign images



“I’ve noticed the most change in people’s attitudes towards mental health issues in the last two years. I think that the mental health service approach things in a more helpful way and that you are no longer made to feel like a freak. The attitude towards people with mental health problems is extremely relaxed nowadays.” Jack, Stranraer

“I think that the campaign will make a difference and I am glad that it’s taking place. It will educate people a great deal on mental health. The first thing I did, when I came out of the hospital the first time, was to look up everything on manic depression, I wanted to know all there was to know about it.” Bob, Dalkeith

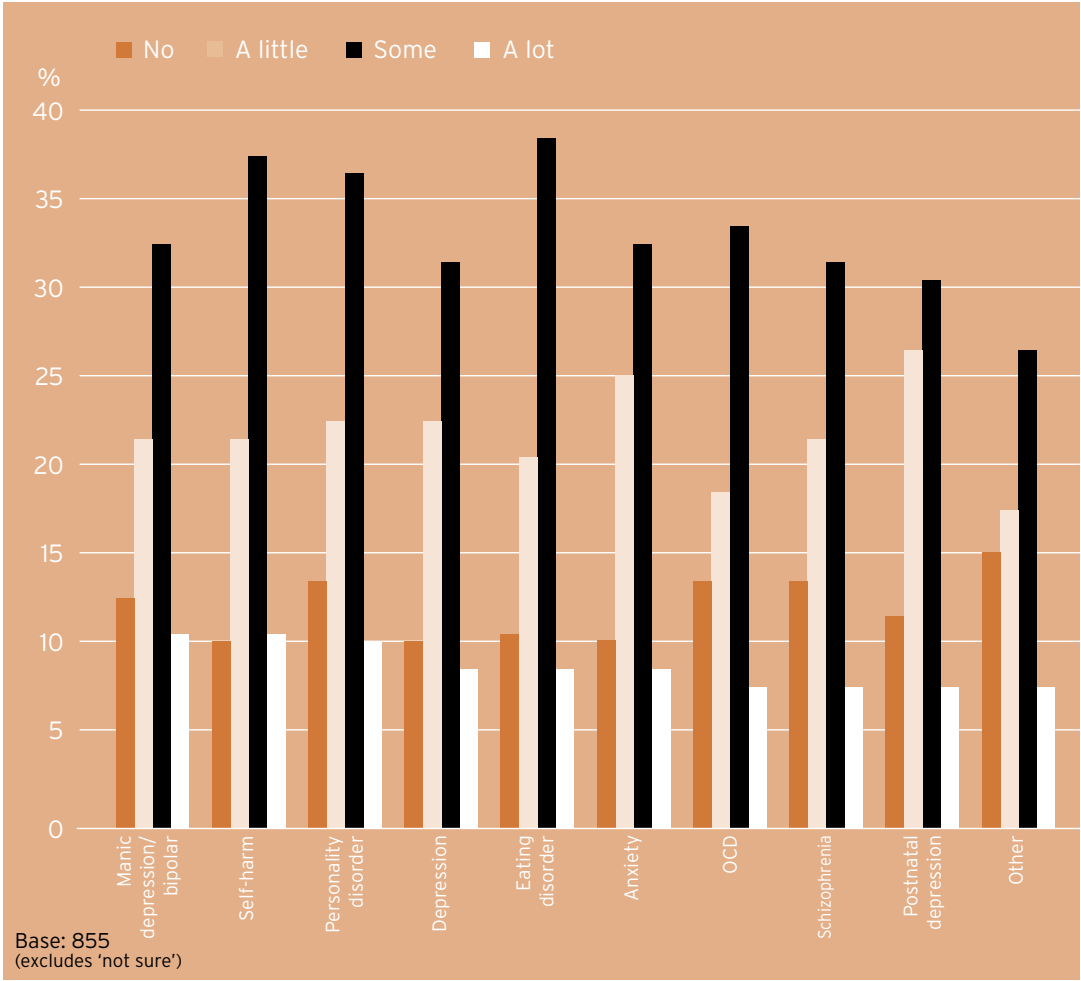
Effect of ‘see me’ on how people with mental health problems feel about themselves



People’s assessment of the scale of impact is closely tied to how much they know about ‘see me’. For example, 27% of those who said that they knew ‘a lot’ about ‘see me’ felt that the campaign had made ‘a lot’ of difference to how people with mental health problems feel about themselves.

This compares starkly to those who knew only a little about ‘see me’; only 3% of this group felt the campaign had made ‘a lot’ of difference. Even so, 50% of this group did feel that ‘see me’ had made ‘some’ or ‘a little’ difference to how they feel about themselves.

Effect of ‘see me’ on how people with specific diagnoses feel about themselves



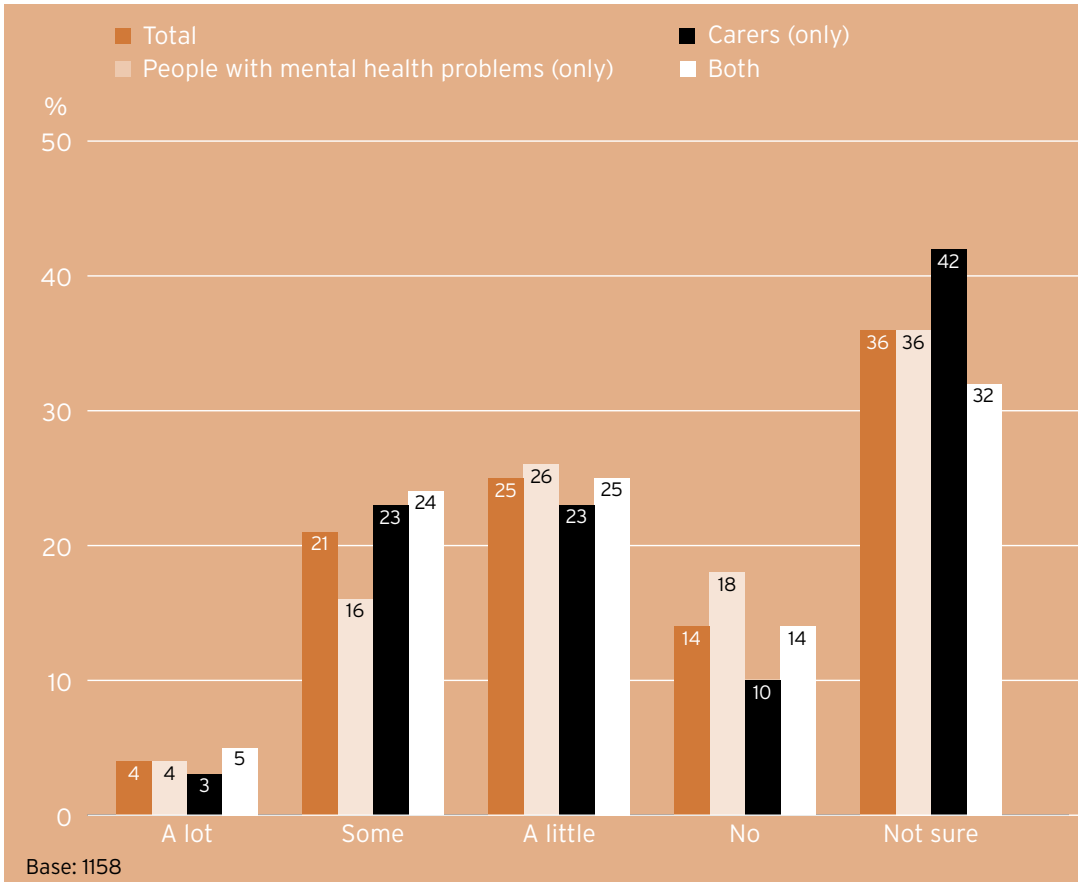
Impact of ‘see me’ on other people’s treatment of people with mental health problems

Another key impact indicator is what effect the campaign is felt to have had in terms of improving how other people treat people with mental health problems. Half of the respondents felt ‘see me’ has had a positive impact in this respect.

“I believe that the ‘see me’ campaign is a very good thing and has made a huge difference. In particular, the care in the community services have improved vastly. I’ve been able to trust the people I speak to more and be more open with them. I’m more confident about my problems. I won’t hide under a hedge any more. I want direct answers to direct questions. I feel more assertive regarding getting the help I need and that the people I speak to are more friendly and positive regarding mental health issues.” Alison, Banff

“I have definitely noticed a more positive attitude in the media over the past few years compared to what it used to be like. The papers used to make people with mental health issues out to be complete ‘loonies’, causing everyone to think that we were all ‘nutters’ running about committing crimes. The media have a huge role to play, and I feel that the stigma is lessening slowly as they lose the ‘loony’ tag.” Julia, Denny

‘see me’ effect on improving how others treat those with mental health problems

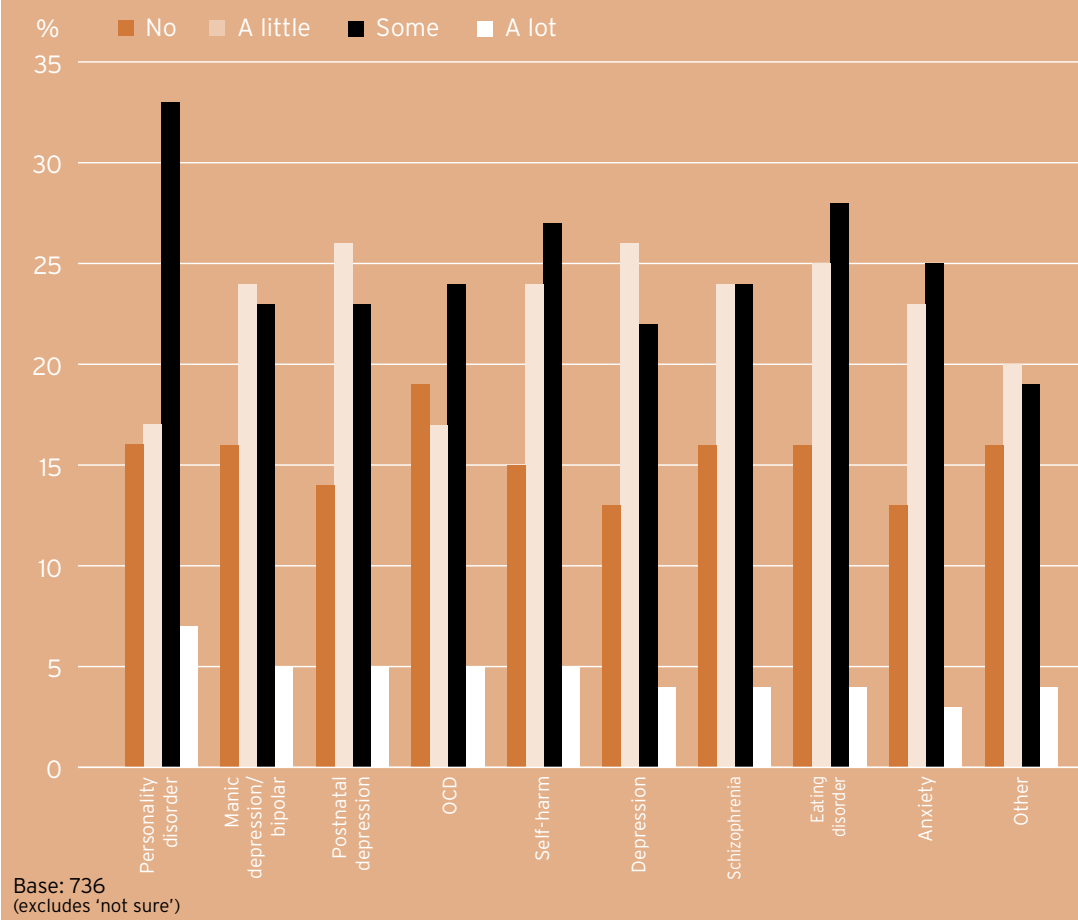


A quarter of respondents felt that there has been ‘a little’ improvement in how others treat people with mental health problems. Another 25% felt the effect has been greater, 21% pointing to ‘some’ effect and 4% to ‘a lot’. Over a third (36%) remained unsure about the campaign’s effect.

The proportion detecting some positive impact on the behaviour of others was

slightly higher among 25-34 year olds (53%) and 35-44 year olds (55%). It was also higher among those that knew more about ‘see me’. For example, 72% of those who knew a lot about ‘see me’ felt the campaign had improved other people’s treatment of individuals with mental health problems; and 12% felt that the difference the campaign has made on others’ behaviour was ‘a lot’.

‘see me’ effect on improving how others treat those with specific mental health problems



For the different mental health problems that people had experienced, the proportions that felt ‘see me’ had made an improvement was slightly higher than average for the following diagnoses:

- Personality disorder - 57%
- Eating disorder - 57%
- Self-harm - 56%
- Postnatal depression - 54%

- Schizophrenia - 52%
- Manic depression/bipolar - 52%

‘see me’s’ impact on the media

From the outset of the campaign, it was recognised that the media would have, through its coverage of mental health issues, an important influence on how people with mental health problems are perceived and treated by others.

“The media is highly to blame for mental health stigma. They talk about psychiatric reports of criminals leading people to believe that if you are a schizophrenic then you must be a rapist and if you are a manic depressive then you must be a murderer. This is getting slightly better as they are being less harsh and categorising people less but it really has to stop.” Lucy, Stonehaven



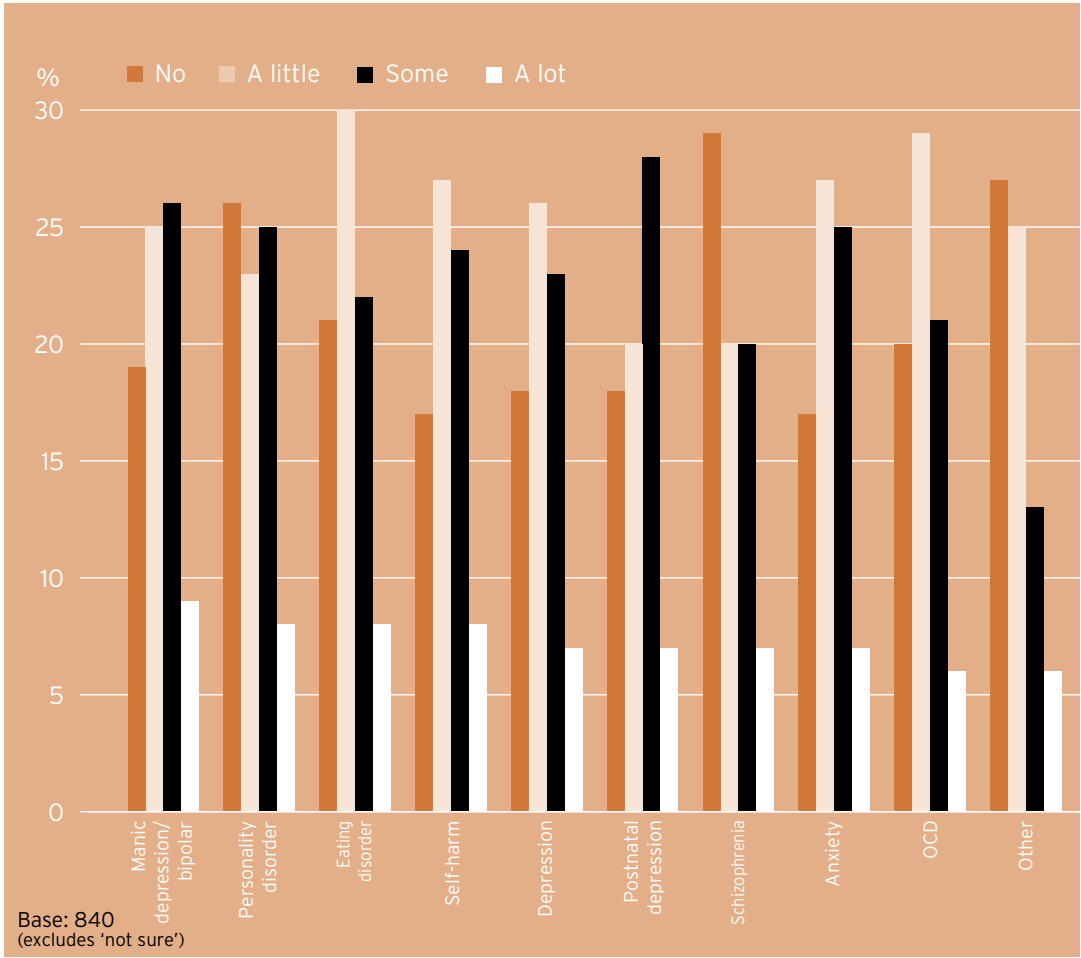
“Thankfully the tables are turning and the media is beginning to support the work carried out by ‘see me’. Hopefully this trend will continue to make mental health issues less of a stigmatised subject and more of an accepted part of life, just like your daily newspaper.” Eleanor, Arbroath

Making a positive impact on the media’s use of language and encouraging exposure of readers to personal stories of stigma from media volunteers have been key elements of the campaign. The survey was an opportunity to ask respondents if they felt that ‘see me’ has had an impact on how the media writes about mental health problems.

‘see me’ effect on changing the way people in the media write about mental health problems

Of all respondents, some 55% noticed a change in the media: 25% ‘a little’ change’ and 23% ‘some’ and 7% ‘a lot’ of change. Of those with high awareness of ‘see me’, almost three-quarters (74%) felt that the campaign has had a positive effect on the media’s reporting of mental ill-health.

‘see me’ effect on changing the way people in the media write about mental health problems, by diagnosis



Importance of ‘see me’
The survey presented an opportunity to ask people how important overall they felt that ‘see me’ has been in challenging the stigma of mental ill-health in Scotland. The response was unequivocal: over half of all respondents replied that ‘see me’ was ‘very’ important. Indeed, over three-quarters (78%) felt that ‘see me’ was of

‘some’ importance or better. Only 6% didn’t feel that ‘see me’ was important.

Importance of ‘see me’ in challenging stigma
And it was among young people that the incidence of high importance is greatest, with 61% and 62% of the under 25s and 25-34 age group respectively claiming that the campaign was ‘very’ important.

Base: 1159

However, despite the widespread recognition of progress, the situation remains fickle, with periodic bursts of

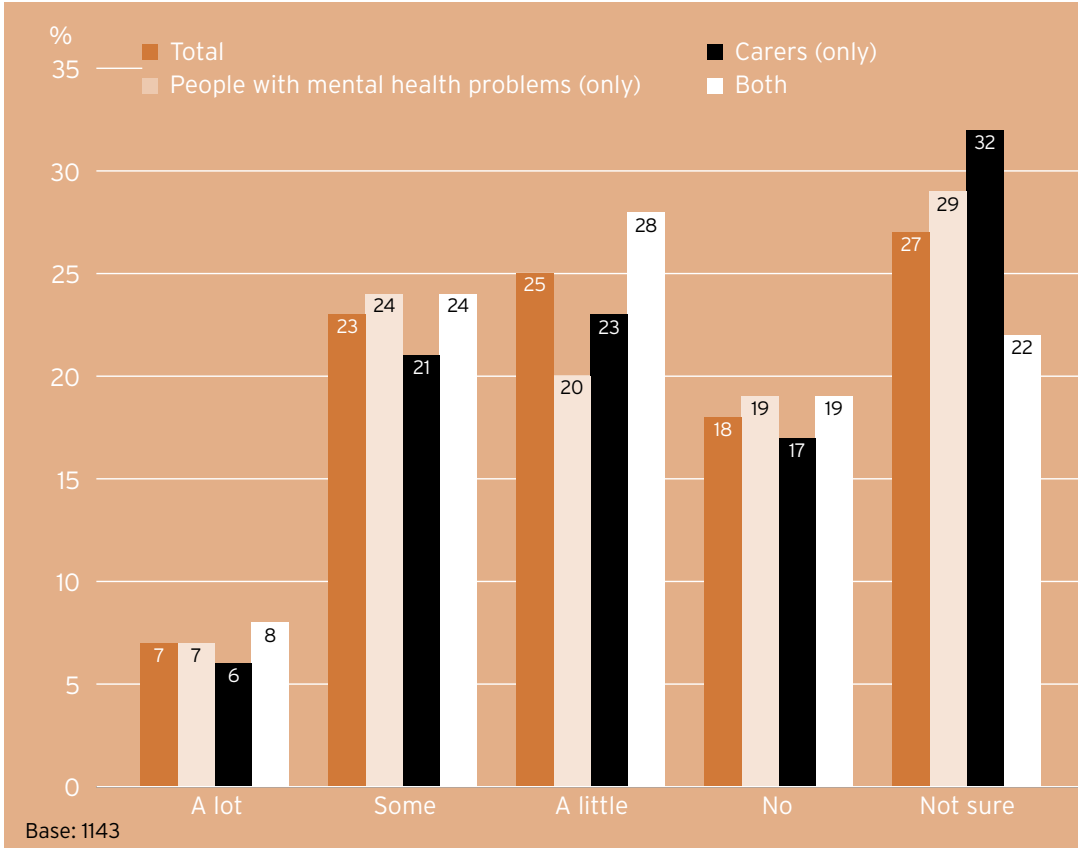
negative reporting that underline the need to maintain a positive influence on the culture of reporting.

“The media is a lot more careful now. They’d be jumped on from a great height by ‘see me’. They appear to be portraying mental health issues in a more sensitive manner, but I realise that they are walking a tightrope between being PC and getting their stories across.” Kath, Falkirk

“Telling a child to ‘cheer up’ or that ‘it might never happen’ is the worst thing that you can say to someone suffering depression. These adverts tell children that it is ok to be sad – they can make a big difference to children today so that they don’t have to suffer in silence.” Lindsey, Fife

Larger proportions of those in employment or looking for work were also likely to regard ‘see me’ as ‘very’ important: 63% of the employed and 58% of those looking for work. The findings here suggest an endorsement of the campaign’s efforts to tackle stigma in the workplace.

Importance of see me in challenging stigma



Perceived change in the problem of stigma since 2002

	Got better	Got worse	Stayed the same	Not at all
Gender (Base: 1044):				
Male	51%	22%	18%	9%
Female	56%	25%	15%	4%
Age (Base: 586):				
Under 25	61%	14%	15%	10%
25-34	62%	22%	13%	4%
35-44	57%	22%	17%	3%
45-64	52%	21%	17%	10%
65+	33%	33%	19%	15%
Working status (Base: 588):				
Employed	63%	19%	16%	2%
Not employed, but looking	58%	19%	10%	13%
Long-term sick	47%	23%	21%	9%
Retired	35%	30%	14%	22%
Education/training	71%	15%	9%	5%
Other	42%	21%	17%	21%
Awareness of 'see me' (Base: 1094):				
A lot	69%	20%	10%	2%
Some	59%	26%	12%	3%
A little	46%	24%	25%	5%
Nothing	30%	19%	17%	33%
(Base: 1159)				

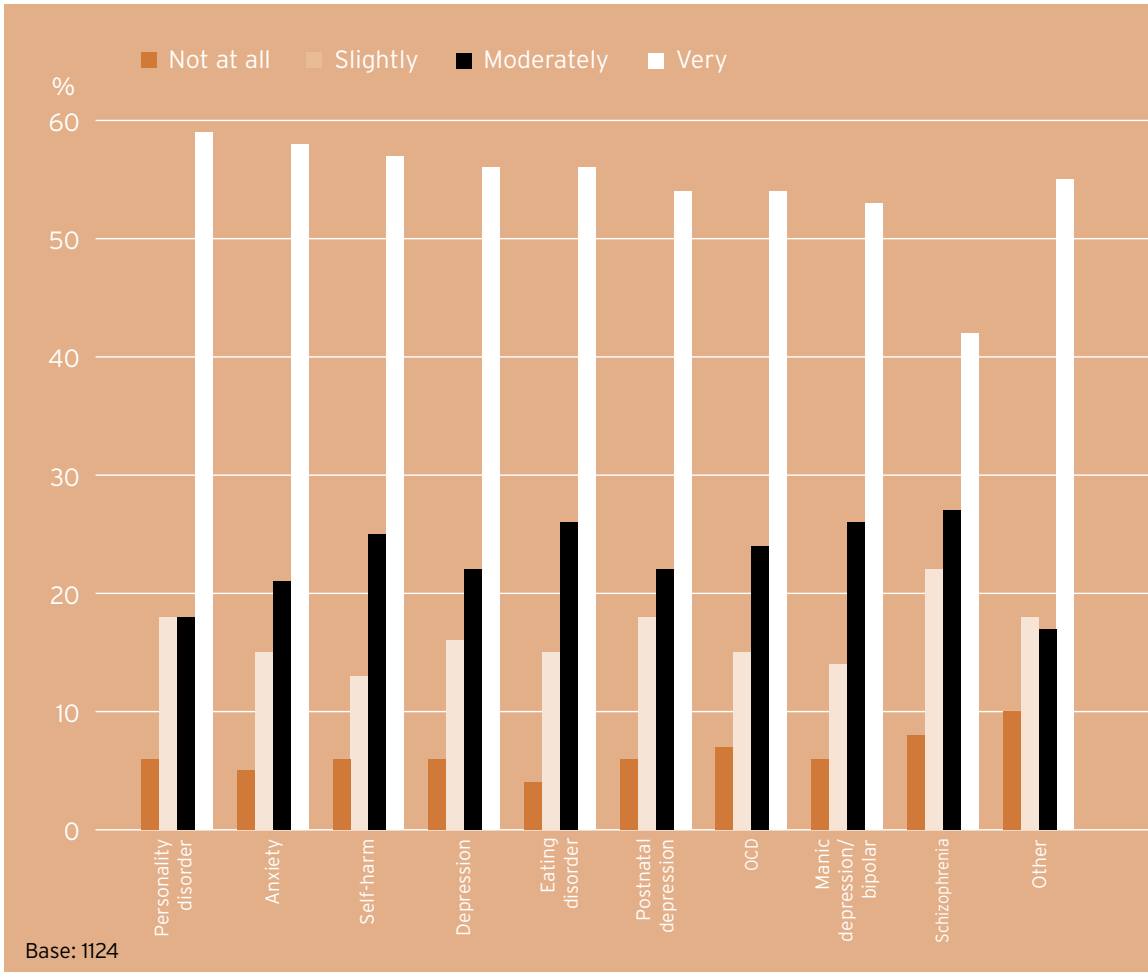
“When I was much younger people were not as aware of eating disorders and it was much easier to hide it. It was a vicious circle. Because there was less awareness of eating disorders, there was more stigma surrounding them. This in turn forced me to keep quiet. I choose who to speak to about my illness very carefully so that people who know will support me fully and I avoid discrimination. I want to avoid being defined in terms of my illness.”

Jane, Inverness

“People don’t talk about their mental health problems. I know I certainly don’t. I have only spoken about it to a select few. Maybe this is why I haven’t experienced stigma.”

Mandy, Fort William

Importance of ‘see me’ in challenging stigma (by diagnosis)



Again, when we take into account how much people know about ‘see me’, we see very high proportions of those who know a lot about the campaign stressing its importance. Some 69% of people who knew a lot about ‘see me’ felt that it was ‘very’ important in tackling stigma, as did 59% of those who had ‘some’ awareness of the campaign.

Being regarded as ‘very’ important is consistent across all of the mental health problems experienced. Indeed, for every mental health problem except one (schizophrenia), more than half of all respondents experiencing that problem (personally or as a supporter) rated the ‘see me’ campaign as ‘very’ important: the percentages ranging from 53% (manic depression/bipolar) to 59% (personality disorder).

For people who had experienced schizophrenia, some 42% regarded ‘see me’ as ‘very’ important and 69% felt it was at least of some importance in stopping stigma.

People not experiencing stigma
Support for ‘see me’ and the effect the campaign has had is echoed by people who have not experienced stigma. Half of this group felt that since 2002 the problem of stigma and discrimination had improved. Two-thirds felt able to be more open and talk about their mental health problem, or encourage others to do so. A similar proportion (64%) claimed that the overall problem of the stigma of mental ill-health in Scotland had improved over the period, though most of these (81%) felt that the improvement was ‘a little’, rather than ‘a lot’.

The great majority (86%) recalled the ‘see me’ campaign. Close to two-thirds (63%) felt that ‘see me’ had improved how people with mental health problems feel about themselves (29% were unsure) and over half (53%) believed ‘see me’ had improved how people treat others with mental health problems (40% being unsure).

Overall, 95% of people who had not personally experienced stigma believed that the campaign has been important in challenging the stigma of mental ill-health in Scotland; 59% said it was ‘very’ important.

SECTION 7: SUMMING UP

David Dempster, Easterhouse

When I was off work with a broken leg I got loads of support from the fire brigade. Crew were always dropping by, so much so there was almost always a fire engine outside the house! When I went off sick with depression there was nothing. Not one card, call or visit.

I had to prove I was ill by undergoing two additional medicals. Then, when I was well again, the fire service didn't want me back... in any capacity. Twenty years of service and expertise written off!

The first time I spoke out publicly I realised two things. First, that it was good for me. It gave me insight into the whole issue of stigma. Secondly, that people were desperate to ask questions and get a better understanding of mental health problems. It was as if my being open gave people permission to talk about what was previously a taboo subject.

People ask me if I think that the local work I do with 'see me' and locally in Glasgow with Positive Mental Attitudes is really making a difference. My response is yes, definitely! It's not going to happen overnight but we just need to look at the changes in attitudes in other areas, such as race, to know that change is possible.

It's time for every one of us to help create a climate in which we can all talk openly about mental health problems, get help when we need it and get rid of the negative attitudes which belong in the past.



“My family believed in me even when I’d lost hope and stopped believing in myself. They never doubted that I would get better. They never stigmatised me, just gave me the support that I needed.” Dorry, Edinburgh

Scotland has come a considerable way in confronting the stigma of mental ill-health and the ‘see me’ campaign has been a major force in steering this change. People are now much more aware of the incidence of mental ill-health and the need for tolerance and understanding when they meet people who are trying to cope with their own mental health problems.

The results of the survey point unambiguously to a general improvement in the problem of stigma over the past few years: evidence rooted in the real experiences of people who are dealing with mental ill-health, trying to recover and who are supporting others. The reality in Scotland today is that fewer and fewer people with mental health problems are experiencing difficulties in terms of other people’s attitudes.

The findings of the survey are also borne out by research that the Scottish Executive has funded which has been monitoring change in the public’s attitude to mental health since 2002. This research has highlighted some very positive shifts in public attitudes, perhaps most notably a halving of the proportion of the Scottish public who feel that people with mental health problems are often dangerous.

Great strides have been made, but there remains a long way to go. Stigma is still a reality for many and continues to exclude people from family and friends, from the communities they live in, from opportunities in work and training, and from access to a range of services.

It is vital to recognise that we all, in our many different roles, have an important contribution to make in supporting people with mental health problems and in tackling stigma wherever it may appear. There is much that we can do as family members, friends, as neighbours, employers, in schools, colleges and universities, in businesses and in the delivery of public services.

Yet the future can be approached confidently. We have reached an important watershed. The ‘see me’ campaign, complemented by other activities under the National Programme for Improving Mental Health and Wellbeing, has shown not only that the issue of stigma can be brought to front of mind, but that a shift in people’s behaviour towards others can be effected. Scotland has taken an important step towards being a more tolerant, inclusive and fairer future.

“Genuinely discriminatory behaviour does go on, which I think is highly based on misconceptions. I’ve been guilty of it myself when I worked for a company that provided services for people with mental health problems. I remember thinking it would never happen to me, and it did! People need to stop and think what it’s like to be in someone else’s shoes. I think ‘see me’ helps people to do that.”

References:

- 1 Some of these responses were received after the analysis for the report had commenced. Also, because some data capture problems with the online survey method were experienced, the bases for some aspects of the analysis use smaller numbers than the total responses.
- 2 New Directions: Report on the Review of the Mental Health (Scotland) Act 1984, Scottish Executive 2001
- 3 Working together for Equality, Scottish Executive 2000
- 4 Social Justice: a Scotland where everyone matters, Scottish Executive 1999
- 5 Health in Scotland in 2005: Report of the Chief Medical Officer for Scotland, Scottish Executive, 2006
- 6 Delivering for Mental Health: The mental health delivery plan, Scottish Executive 2006
- 7 Promoting the mental health of the population: Towards a strategy on mental health for the European Union, European Commission 2005

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see me

The 'see me' campaign is run by an alliance of five mental health organisations (listed below). It is fully funded by the Scottish Executive as a key element of the National Programme for Improving Mental Health and Well-being.



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For information about other elements of the National Programme for Improving Mental Health and Wellbeing such as Choose Life, the Scottish Recovery Network, Breathing Space and others, visit www.wellscotland.info

