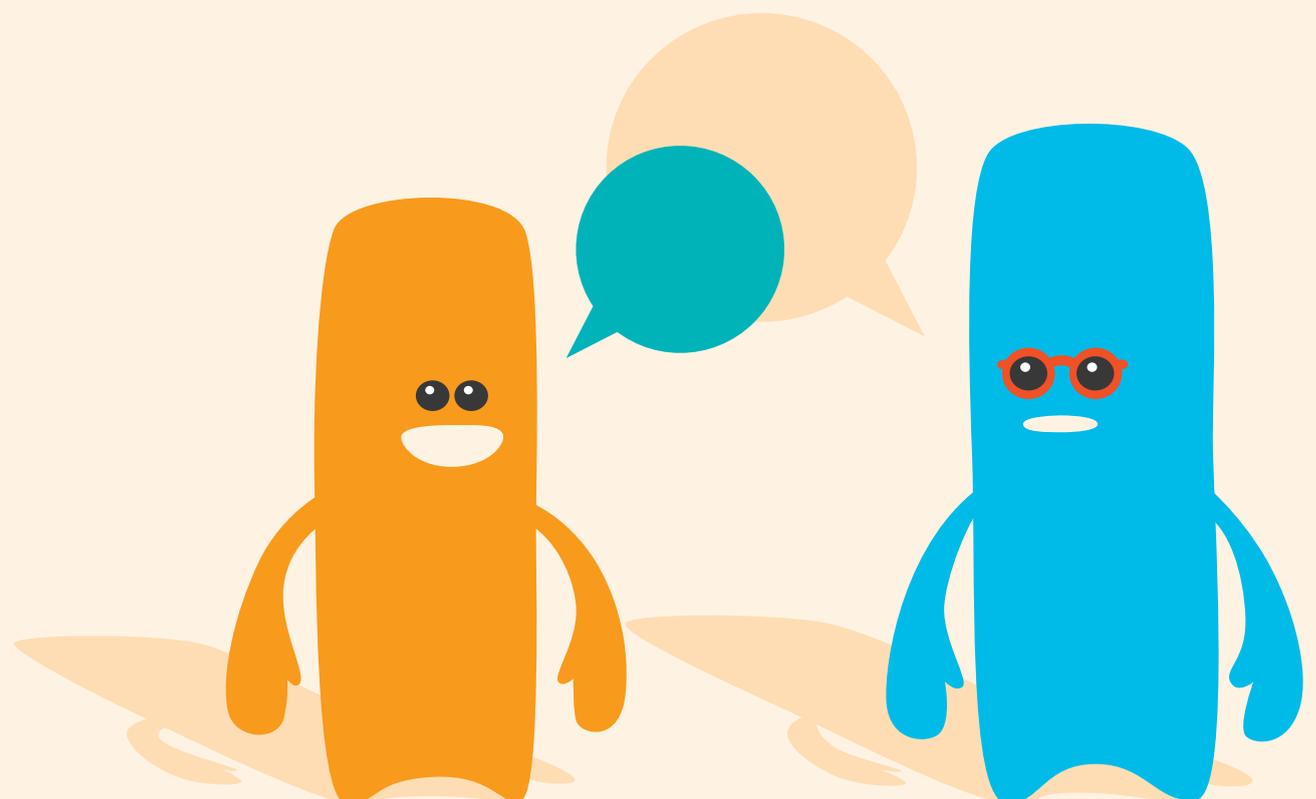See Me
End mental health discrimination

What's on your mind?

Resource pack for teachers and students

This pack has been designed to support both teachers and students to become informed on the topic of mental health and develop the core skills and confidence to tackle stigma and discrimination within the school and wider community.

The pack is split over three key areas built around the four capacities outlined in the Curriculum for Excellence: Successful Learners, Confident Individuals, Effective Contributors and Responsible Citizens. Within these it will address the key learning outcomes of the Health and Wellbeing Curriculum covering Mental and Emotional Wellbeing, Social Wellbeing, Physical Wellbeing and Relationships.

Health and wellbeing matrix

Curriculum for Excellence has an important role to play in promoting the health and wellbeing of children and young people and of all of those in the educational communities to which they belong.

Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future.

Health and wellbeing is structured into six organisers. The What's on Your Mind Pack addresses outcomes within the following organisers:
- Mental, emotional, social and physical wellbeing
- Substance misuse
- Relationships, sexual health and parenthood

In the matrix (overleaf) you will find a list of health and wellbeing (HWB) outcomes that relate to these organisers. The selected outcomes have been attributed to specific activities contained within the pack. These are numbered 1-16 and include a Taking Action section; if an outcome is covered within the activity the box will be highlighted. An activity can cover more than one outcome and guidance is contained within the activities in order to direct conversation and ensure these are met.

The highlighted organisers are responsibilities of all and include each practitioner's role in:
- Establishing open, positive, supportive relationships across the school community, where children and young people will feel that they are listened to
- Creating an environment where children and young people feel secure in their ability to discuss sensitive aspects of their lives
- Promoting a climate in which children and young people feel safe and secure
- Modelling behaviour which promotes health and wellbeing and encouraging it in others
- Using learning and teaching methodologies which promote effective learning
- Being sensitive and responsive to the wellbeing of each child and young person

We hope that the information contained within this pack will support practitioners such as teachers and peer facilitators to bring to life the responsibilities for all and bring an end to mental health stigma and discrimination.

HWB no.	Health and wellbeing outcome		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TA
	Mental and emotional wellbeing																		
01a	I am aware of and able to express my feelings and am developing the ability to talk about them.		T	T	T	T		O		O		O	O	O	O	O	O	O	
02a	I know that we all experience a variety of thoughts and emotions that affect how we feel and behave and I am learning ways of managing them.		T	T	T			O	O			O		O		O		O	
03a	I understand that there are people I can talk to and that there are a number of ways in which I can gain access to practical and emotional support to help me and others in a range of circumstances.											O	O	O					P
04a	I understand that my feelings and reactions can change depending upon what is happening within and around me. This helps me to understand my own behaviour and the way others behave.			T	T			O		O					O				
05a	I know that friendship, caring, sharing, fairness, equality and love are important in building positive relationships. As I develop and value relationships, I care and show respect for myself and others.		T	T		T		O		O			O			O			
06a	I understand the importance of mental wellbeing and that this can be fostered and strengthened through personal coping skills and positive relationships. I know that it is not always possible to enjoy good mental health and that if this happens there is support available.						T			O					O	O			P
07a	I am learning skills and strategies which will support me in challenging times, particularly in relation to change and loss.															O			
08a	I understand that people can feel alone and can be misunderstood and left out by others. I am learning how to give appropriate support.		T	T	T		T		O	O	O						O		
	Social wellbeing																		
09a	As I explore the rights to which I and others are entitled, I am able to exercise these rights appropriately and accept the responsibilities that go with them. I show respect for the rights of others.		T									O		O			O		P
10a	I recognise that each individual has a unique blend of abilities and needs. I contribute to making my school community one which values individuals equally and is a welcoming place for all.		T	T	T		T	O		O							O		P
11a	I make full use of and value the opportunities I am given to improve and manage my learning and, in turn, I can help to encourage learning and confidence in others.											O		O					P
12a	Representing my class, school and/or wider community encourages my self-worth and confidence and allows me to contribute to and participate in society.																		P
13a	Through contributing my views, time and talents, I play a part in bringing about positive change in my school and wider community.																		P
14a	I value the opportunities I am given to make friends and be part of a group in a range of situations.				T	T		O			O				O		O		P
	Physical wellbeing																		
16a	I am learning to assess and manage risk, to protect myself and others, and to reduce the potential for harm when possible.		T	T					O	O		O			O				
17a	I know and can demonstrate how to keep myself and others safe and how to respond in a range of emergency situations.		T												O		O		P
	Substance misuse																		
3/4-41a	After assessing options and the consequences of my decisions, I can identify safe and unsafe behaviours and actions.		T	T							O	O	O	O					
	Relationships, sexual health and parenthood																		
2-44b	I am aware that positive friendships and relationships can promote health and the health and wellbeing of others.		T				T	O									O		
2-45a	I am identifying and practising skills to manage changing relationships and I understand the positive impact this can have on my emotional wellbeing.												O			O			
45b	I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication.		T			T		O		O					O				
3/4-46a	I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendship, relationships and sexual behaviour.			T	T			O	O						O				
3/4-46c	I know that popular culture, the media and peer pressure can influence how I feel about myself and the impact this may have on my actions.						O	O							O		O		P

Background

See Me is Scotland's programme to tackle mental health stigma and discrimination. We are funded by the Scottish Government and Comic Relief and are managed by SAMH and the Mental Health Foundation. Our vision is to end mental health stigma and discrimination, enabling people who experience mental health problems to live fulfilled lives.

In Scotland we have an opportunity to transform how mental health is considered within educational and youth work settings, and address the barriers to young people accessing and receiving support. The only way to end mental health stigma and discrimination is for children and young people to become involved in identifying the solutions needed; we need to work alongside them, actively engaging these individuals to lead the change they hope to see in the world. As we all have physical health we all have mental health too. However, this can often be overlooked and is one of the few remaining taboo subjects in our society.

Involving young people

Young people from across Scotland were recruited to be involved in the development and delivery of the children and young people's programme. They helped to co-design, develop and produce materials and resources to address mental health stigma and discrimination for 11-18 year olds and the adults who support them. The young people volunteering are aged 16-25 years; this affords some level of critical distance from past experiences within an educational setting.

The impact of peer support cannot be overstated. Existing mechanisms should be used to address the use of language and behaviours that stigmatise and discriminate against young people with mental health conditions to support a culture shift within schools. The 'unknown' may prevent young people from speaking out/seeking help and guidance on speaking out. Support, knowing your rights and signposting may help break down these barriers for children and young people. In addition enhancement of mental health literacy is essential and schools are seen as an ideal site for addressing this for young people.

Relationships, whether with peers or adults, are also a central factor for successful learning in children and young people. They value relationships that are based on mutual respect and allow them to engage with adults in an equal and honest manner. Acting in the best interests of the child, being open and honest with children, young people and families from the outset and explaining why some information may have to be shared were seen as key building blocks for positive relationships.

There is also an identified need for adults to understand the importance of both prevention and early intervention. Good practice has highlighted the importance of minimising delays for young people with mental health conditions and where possible having one key person to liaise with. However, they need to be clear in their understanding of the boundaries of their own role and where that boundary meets that of other workers, while maintaining the balance between managing risks and being non-judgemental.

Adults and peer facilitators

See Me has engaged with a number of schools and professional events to ascertain the needs of professionals. Adults have indicated that they are struggling to cope with emerging mental health concerns, citing a lack of resources, knowledge, support and signposting to address the issue. They also have concerns about having to disclose personal information, where professional boundaries extend to and how disclosures should be managed. This uncertainty is exacerbating an already complex situation resulting in the unmet needs of children and young people and adults feeling overwhelmed by the scale of the issue.

Feedback from teachers indicates that many do not feel comfortable delivering mental health material, nor do they feel they have the skills or resources to address the topic of mental health within the classroom. Education and awareness are key to preventing mental health concerns from being undiagnosed and misunderstood. Early intervention can prevent problems from escalating.

Whole school approach

Embedding mental health into and across the existing school curriculum has the potential to reach all young people, 'normalise' mental health as part of everyday activities and engage teachers and adults to become literate in youth mental health as part of their professional activities.

This approach addresses many of the stereotypes around mental health. It places a focus on the fact that mental illness like physical illness can be recovered from, enabling parity between mental and physical health. Integrating social contact through peer support into this process is a known and powerful way to reinforce this message and change attitudes. A combination of education and awareness raising in conjunction with input and sharing of real life experience can result in sustained and lasting impact.

See Me wants to gain and provide insight on how to tackle stigma among children and young people. Through developing resources and activities with young people who have experienced mental health conditions, we aim to foster a 'community of care' and a positive message around what it means to 'come out' with a mental health problem.

Additionally the young people who have volunteered in the development of these resources will be supported to be See Me peer facilitators and act as a catalyst for change. As children and young people develop their emotional literacy, they can influence their families and peer groups. This can provide a real opportunity to deliver a message of hope about recovery from mental health conditions, and that all children and young people are valued and can make meaningful contributions to society.

Programme of work

The programme of work has been designed to afford young people the opportunity to generate materials to support others to understand and speak out about mental health and challenge negative attitudes, stigma and discrimination.

The young volunteers involved in this work wanted to ensure that young people growing up in Scotland, no matter where they live, will have consistency of support and information, building a common language, guidance, signposting and training to ensure that no child or young person is left behind. These committed individuals are our best hope for the future. In a society that is constantly evolving with emerging technologies we need to work together to generate fundamental change and ensure that these young people have the necessary training such as SMHFA, knowledge and support to act as peer facilitators in schools across Scotland.

We are not working alone or in isolation but have a wealth or national and international expertise, research and best practice underpinning our approach. We draw on this to ensure our outcomes are relevant, accessible and will resonate with children and young people in Scotland. It's an exciting time for children and young people to direct change and address their needs and rights regarding mental health stigma and discrimination.

Why schools are a good place to start

Research has highlighted the importance of schools in generating a stable setting that can support young people's understanding of mental health and how to relate to it. We recognise strongly that there are many other settings that influence and affect children and young people, including early years, families and further and higher education. This is reflected in the long-term See Me strategy for working with children and young people and in developing the 'whole school approach' we have worked closely with the youth work sector.

Through this we will be able to share the materials that are developed and produced for use within a variety of settings such as youth work, health and social care, creating greater continuity and consistency for young people and the adults in their lives.

What is mental health?

The World Health Organization defines mental health as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental health is part of your overall health. It's about:
- How you feel, think and behave
- How you cope with the ups and downs of everyday life
- How you feel about yourself and your life
- How you see yourself and your future
- How stress affects you
- How you deal with negative things happening in your life

As we all have physical health, we all have mental health. However, this can often be overlooked and in many ways this is one of the few remaining taboo subjects in our society. This programme is designed to allow young people to generate materials to support others to speak out about mental health and challenge negative attitudes.

In Scotland we have an opportunity to transform how mental health is considered and address the barriers to individuals accessing and receiving support. Mental health impacts every aspect of our lives, now is the time to start talking about it: 'it's okay not to be okay.'

Size and scale of the issue

1 in 10 young people in Scotland experience mental health problems. Mental health conditions include depression, anxiety, eating disorders and self-harm, and are often a direct response to what is happening in children and young people's lives.

Young people tell us that they are often too scared to talk about their feelings for fear that someone will call them names or they will be isolated from their friends. In a recent study 9 out of 10 young people with mental health problems said they had received negative treatment from others with nearly half saying this happened monthly, weekly or daily.

The main barriers to mental health help seeking in young people have been identified as: stigma, confidentiality issues, lack of accessibility, self-reliance, low knowledge about mental health services, fear/stress about the act of help seeking and/or the source of help itself. Unrecognised and/or untreated mental health conditions can lead to a variety of negative outcomes including poor educational/vocational achievement, problematic interpersonal and family function, and reduced life expectancy due to associated medical conditions and suicide.

It's okay not to be okay

Using the pack

This pack has been designed to use with 11-18 year olds. It has been split into three modules.

Module 1: Building confidence
Key learning points:
- Everyone has mental health regardless of whether or not they have mental health problems/conditions
- Everyone is unique
- We all have factors that influence how we think and feel about ourselves
- Everyone working with children or young people has a responsibility to consider their health and wellbeing including their emotional needs

Module 2: Mental health stigma and discrimination
Key learning points:
- Stigma acts as a barrier to people seeking help for mental health problems and mental health conditions
- People's attitudes about mental health can be positively influenced by exposure to accurate information
- Like physical illnesses, mental health conditions are treatable and the sooner people receive proper treatment and support, the better the outcomes
- Getting help early increases the chances that a person will make a full recovery from mental health problems

Module 3: Taking action
Key learning points:
- Positive coping strategies can help everyone maintain and enhance their mental health
- There are skills and strategies that we can learn to help us maintain good mental health
- We all have a responsibility to fight the stigma associated with mental health

The guide is not meant to replace any aspect of the existing school curriculum. It is designed as a classroom resource that any teacher can use within twilight sessions, PSHE or existing curriculum frameworks to enhance the mental health literacy of both students and teachers.

The modules are designed to each fit into 50 minutes of classroom time (one/two activities). The pack is designed to be used by professionals or through peer facilitation by young people over the age of 16 years. We suggest using the pack in conjunction with Scottish Mental Health First Aid Training to provide additional insight and confidence in areas not directly addressed.

Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, attributes and capabilities which they need for mental, emotional, social and physical wellbeing, both now and in the future. For detailed information on the outcomes met by specific activities please refer to the health and wellbeing curriculum matrix.

Additional information on relevant training and resources that support this work can be found at the back of this pack.

Important notice:
It is advisable to remind young people about your school or organisation's confidentiality policies before starting any work. Lots of discussion is generated from the activities and there may be some personal disclosures from young people.

Acknowledgements

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Jessica Shields, Mental Health Foundation
Andy Hook, Street Soccer Scotland

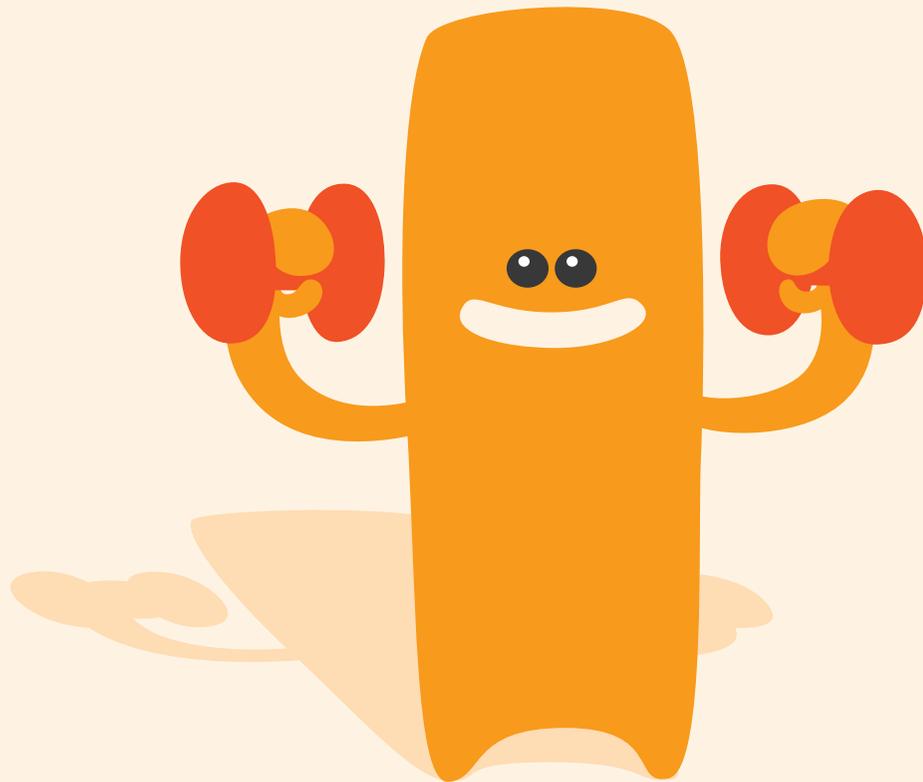### Contributors to the toolkit:

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Pilots of the toolkit:

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Radical Services

Module 1:

Building confidence

Key learning points

- Everyone has mental health regardless of whether or not they have mental health problems/conditions

- Everyone is unique

- We all have factors that influence how we think and feel about ourselves

- Everyone working with children or young people has a responsibility to consider their health and wellbeing including their emotional needs

Introduction

In order to safely and confidently discuss an emotive topic such as mental health it is essential to establish safe parameters and consider group dynamics, potential trigger issues and confidentiality. It is considered best practice to do so in a non-authoritarian way, using a 'rights based' approach, taking into account both teachers' and students' support needs to enable collaborative creation of parameters and positive participation. To do this we will address some of the basic principles and processes for undertaking group work in a safe, participatory and experiential environment. This is an opportunity to raise awareness of the wider implications of rights in order to build a basic understanding of the fundamental importance and impact of stigma and discrimination.

Group facilitation

The facilitator is there to ensure a productive group process whether this is discussing a new idea or an issue a group member has raised. The role of the facilitator/s is to ensure that the group works as a constructive and cohesive unit. They must be neutral to the discussion, taking a pragmatic view of all points raised, asking pertinent and stimulating questions. This task has two parts:

Leadership

- Team building: To form a cohesive, interactive and productive group
- Support: To bring out information from quiet members of the group and to allow new ideas to be shared
- Participation: When group members are not interacting, the facilitator must promote new discussion
- Focus: To provide a focus for the group
- Encouragement: To encourage constructive debate between group members

Group dynamics

- Ground rules: To maintain order during the group discussion
- Inclusive: To ensure that all contributions to the discussion are treated equally
- Safety: To allow everyone to participate freely without retaliation
- Confidentiality: To ensure the meetings maintain confidentiality in line with safeguarding procedures
- Encouragement: To promote discussion of each point raised, by all members of the group

Most services in some way are expected to support and develop participation. However, they can be afraid that what they do will be seen as 'tokenistic' and false by both their users and other organisations. There is no 'right' way to introduce participation. It is based upon the ability and the belief in the intelligence and worth of the individual and cannot be created simply through modifying existing structures – it entails a change in attitude and outlook of the organisation.

It is essential in enabling successful participation that those involved have a real say in decision-making. Furthermore, the overall aim must be clear and the objectives must be defined and clearly set within agreed boundaries.

Policy context

Scotland is well-endowed with policy and legislation to support child development and the rights of the child. Much of the policy is heavily influenced by the United Nations Convention on the Rights of the Child (UNCRC). Under the Children and Young People (Scotland) Act 2014, Scottish Government Ministers are duty bound to promote public awareness and understanding of the UNCRC. This duty on Ministers has the potential, if properly implemented, to foster a holistic approach

involving all aspects of society, individuals and public bodies. Scottish Government policy also makes clear that the rights articulated through the UNCRC exist within a broader framework of human rights which extend to everyone. In order to make rights real for young people, we need to ensure that children are able to participate in decisions within schools and communities.

Further guidance and policy have been generated to support rights-based practice on the ground including: 'Common Core', 'Getting It Right for Every Child (GIRFEC)', 'Education Scotland – Educating and Realising Children's rights', 'State of Children's rights In Scotland' and the Scottish Human Rights National Action Plan.

The Children and Young People (Scotland) Act reporting duties came into effect in August 2016. Professionals will have a required duty to report on key areas contained within the Act, such as the introduction of a statutory definition of wellbeing, information sharing and the child's plan. The policy context requires professionals to take a holistic view of children and young people and their physical, social, educational, emotional, spiritual and psychological development.

Confidentiality and working with people

Confidentiality is very important when delivering any kind of youth work. You should treat the personal life of a young person with the respect and sensitivity that you would want for yourself. Young people should feel safe and confident about asking for support at all times and know that they will be supported through whatever happens next. Young people's confidentiality should be respected unless you believe someone is at risk of significant harm, or of harming someone else. Follow the safeguarding procedures of your school if you have concerns about the abuse or exploitation of anyone.

You should explain to young people that you may not always be able to maintain their confidentiality, that there are certain things that you have to report within the school and that this will be dealt with following their procedures. This would be any information they share with you which makes you think they are at risk or in danger. You should make young people aware of this at the beginning of every session, so that they can choose whether to share information with you.

Considering triggers

Triggers are external events or circumstances that may produce very uncomfortable emotional or psychiatric symptoms, such as anxiety, panic, discouragement, despair, or negative self-talk. Reacting to triggers is normal, but if we don't recognize them and respond to them appropriately, they may actually cause a downward spiral, making us feel worse and worse. It is essential to incorporate this into developing the safety parameters described in Activity 1, creating a safe space.

Students can keep themselves safe by not discussing anything they feel uncomfortable with, not feeling pressure to participate if they are not feeling able, and being allowed to take a breather and have some time out from the activity. The ground rules set up in the first activity should be adhered to throughout all the activities. Keeping safe reminders can be found throughout the pack.

Activity 1 - Creating a safe space

Through establishing a group contract we are able to ensure that young people feel safe and confident to openly participate in the activities. Shared ownership of the contract allows young people to be involved in setting the safety parameters, makes everyone aware of any potential 'triggers' and enables support and signposting to be put in place. Examples for the contract include respecting everyone's input, listening to other group members, etc.

Young people should be encouraged to keep themselves safe when considering making any personal disclosures.

Aims
• To understand the need to create a safe space
• To understand and set up boundaries within a group setting
• To set guidelines on and encourage appropriate behaviour within the upcoming activities

Step 1: Discuss ground rules
Facilitator/s to discuss with participants groups that they have been a part of, drawing upon the experience of this and any rules or boundaries they had in place – facilitator to flipchart responses.

The facilitator should then move on to address any school/ organisational rules. These should be discussed one at a time and the participants should explore why they feel these are in place, incorporating and drawing parallels with other times in their lives when they would have had to stick to these types of rules and why – facilitator to flipchart responses.

Examples of ground rules include:
• Respecting each other's contributions by listening
• What is said in the group stays in the group
• Value each member of the group by treating everyone equally

The young people should feel free to challenge these rules, but should be aware that breaking them has consequences.

25 minutes

Materials needed:

Flipchart
Pens

5 minutes

Step 2: Create a group contract

Facilitator to explain to the young people that they are going to come up with a group contract based around the discussion that they just had – facilitator to flipchart responses.

- If the group is large (over 12) divide the young people into two groups
- Ask each group to come up with a list of agreed statements/rules
- Ask participants to think of things they feel are realistic
- Consider triggers (see previous definition) and keeping everyone safe

10 minutes

Step 3: Reviewing and agreeing

The facilitator should now gather the whole group back together to discuss what has been agreed. The statements/rules should then be fed back and explored with the whole group to make sure there are no token gestures and that individuals from each group understand and agree with all statements.

- Sticking points may have to be reworded, or discussed in further detail
- Once all people are in agreement and the contract is completed, it can be signed by all
- It's useful to display the group contract somewhere that can be easily seen and referred back to throughout activities and further discussions
- Before undertaking a new activity, a brief recap of the group contract can ensure a safe space is set at the beginning of each activity

10 minutes

Activity 2 - Iceberg theory

Every society has preconceived notions and stereotypes like the idea that all Scottish people wear tartan, eat haggis and play the bagpipes. These are often based on a variety of factors and hold an element of cultural truth. In order to consider what 'mental health' really means, we have to take into account the broader societal stigma and discriminations that prevail and how these intersect with mental health.

Young people often remark that they feel they are defined by one aspect and not considered as a whole person. It is essential to consider the overlapping or intersecting social identities and other factors in a young person's life and the way that these can impact mental health and wellbeing. "Intersectionality" suggests that various biological, social and cultural categories (such as gender, race, class, ability, sexual orientation, religion and age), interact on multiple and often simultaneous levels. The theory proposes that we should think of each element or trait of a person as inextricably linked with all of the other elements, in order to fully understand identity.

Aims
- To enable participants to see alternative perspectives
- To equip participants with the knowledge to help others gain perspective on mental health stigma
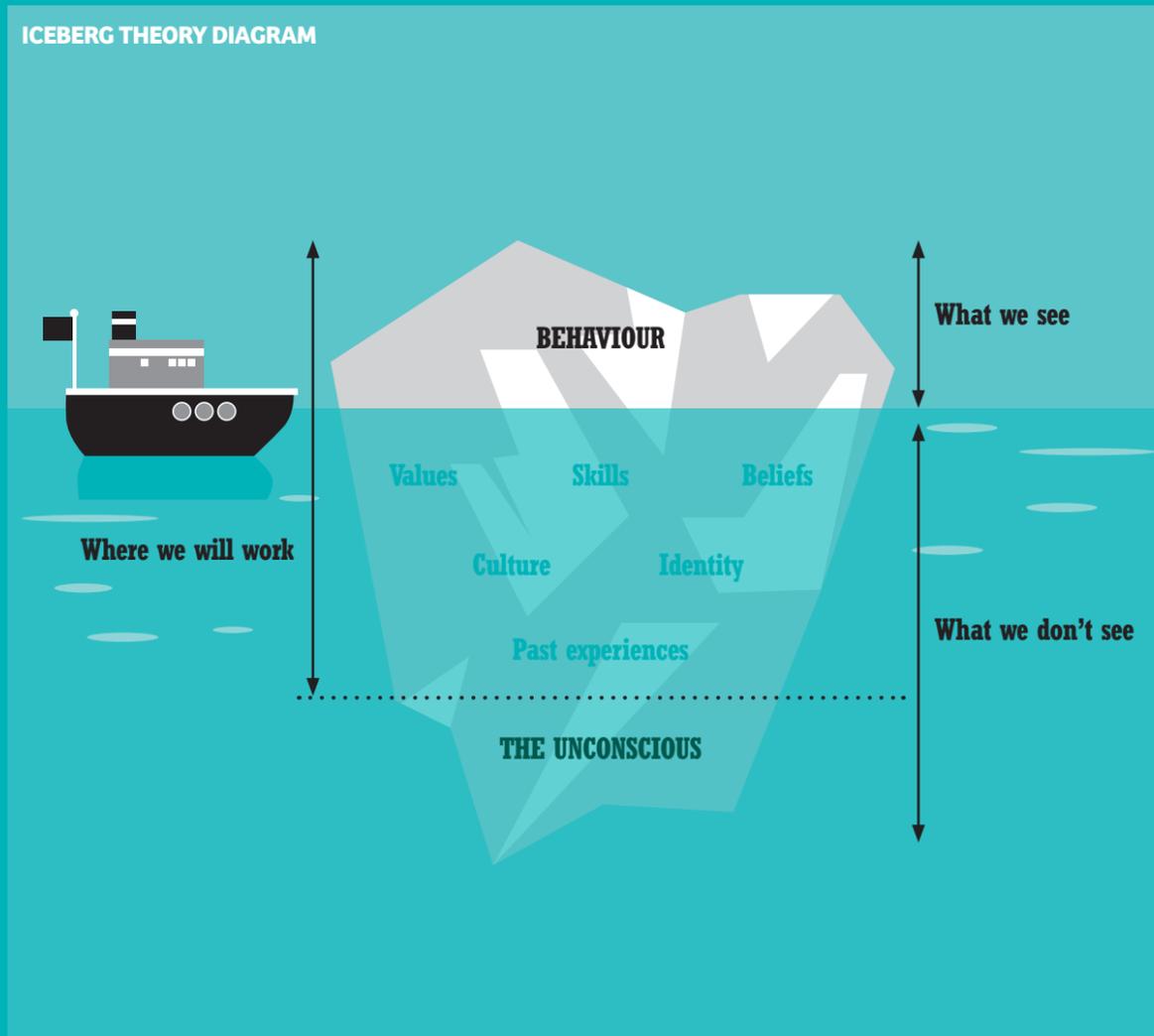
20 minutes

Materials needed:

Iceberg diagram (overleaf)

Pens

Paper

ICEBERG THEORY DIAGRAM

BEHAVIOUR

What we see

Where we will work

Values   Skills   Beliefs

Culture   Identity

Past experiences

THE UNCONSCIOUS

What we don't see

Step 2: Learning about behaviours
Facilitator to write the behaviours heading – See iceberg diagram opposite
• Ask when we see challenging behaviours (e.g. anger, fear) what do these feelings look like – what things we might see? Such as: swearing? fighting?

Explain that under the feeling of anger there are a range of thoughts and feelings – such as hurt, fear and ignorance.

Question what are possible things that happen in a person's life that would cause these. Hopefully participants will offer some of the following: homelessness, blame, judgement, prejudice, discrimination, hatred, lies, negativity, media, being singled out, being isolated/lonely. Encourage discussion around the suggestions and direct or offer up other points for consideration if needed.

8 minutes

Step 3: What we don't see
Facilitator to draw the outline of the bottom of the iceberg (see iceberg diagram opposite) and ask the participants if they can think of what types of things would appear under the water and impact or contribute to the type of person they are. Answer: values, skills, beliefs, culture and identity.

• Ask young people to explore what these mean to them
• Ask young people to consider what makes people similar and different
• Ask what are the basic needs of human beings
  Answer: *love, shelter, food, water, air, connection, safety.*
• Ask young people to consider how their behaviours would change if their basic needs were not met. Needs can be split into:
  - Practical needs: Home, clothing, job, health, warmth
  - Emotional needs: Recognition, opportunity to contribute, belonging, understanding, to be heard/listened to

Empathy develops when the individual, group or community have the strength to see beyond the destructive expressions of anger; to the hurt, needs and fears of those who they experience as hurting them.

Depending on the group, you may wish to reference Abraham Maslow (Hierarchy of Human Needs).

10 minutes

Step 1: Introduction
Facilitator to draw the outline of the top of the iceberg on a flipchart – See iceberg diagram above
• Ask how much of the iceberg we can see
  Answer: *About 9%*
• Ask how this relates to what's really going on with people. Explain: We often only see the tip of the iceberg and not the whole picture of what is happening in someone's life

2 minutes

Activity 3 - What matters to you?

It's significant to know what's important to each of us as individuals – think about what you value most or what you have the most passion for. This is an opportunity to work on your own and in pairs, taking a moment to think about yourself and what is important to you, not the group, your friends or family.

Aims
- To enable participants to see that everyone has factors that influence how they think and feel about themselves

Step 1: Introduction
Before beginning the activity remind participants of the importance of keeping themselves safe.

Make reference to Activity 1 and the group contract.

Step 2: What matters to you?
Try to think 'big picture' about this – not just about home, work or school but beyond. For example: the planet, money, friends, family, values, and health. Remind the participants to keep themselves 'safe' while making their lists and sharing.

- Take 5 minutes and make a list of 3 things that matter to you most
- Now think about something positive you want to make happen that will affect what matters to you most
- Now move on to what (if anything) is happening in your life that you want to stop or do something about

Now pair up with someone
- Take turns (5 minutes) and share your list of 3 things that matter to you most and why
- Only the person who is sharing their 3 things can speak!

20 minutes

Materials needed:

Flipchart
Pens
Post-it notes

2 minutes

12 minutes

Step 3: Review
- How did people find that?
- Was it difficult/easy? Why? Were there any similarities?
- Were you very different?
- What does that say about the priorities for young people?

6 minutes

MODULE 1: BUILDING CONFIDENCE

Step 3: Review
- How did people find that?
- Was it difficult/easy? Why? Were there any similarities?

What's on your mind? Resource pack for teachers and students

Activity 4 - Mine sweep

In order to address an emotive topic such as mental health it has been shown to be beneficial to explore communication and teamwork in advance. These types of activities can help to develop a sense of achievement and unity within the group.

This activity is designed to challenge the group collectively to work as a team and overcome a problem. It is also an opportunity to practice and reinforce the ground rules that young people have established previously. The focus of this activity is on the participants using and improving their communication and listening skills.

Aims
- To encourage participants to work together towards a common goal and increase communication within the group
- To develop rapport and understanding prior to moving on to more in-depth exploration

Step 1: Introduction
Facilitator to draw/map out the mine sweep grid – excluding the marked mines (indicated by an x)
Note: The squares should be large enough for an individual to stand within.

25 minutes

Materials needed:

Tape (outside)
Pens/paper (inside)

15 minutes

X	X		
		X	
		X	
			X
	X	X	
X			
X			
X			

Before starting the activity the facilitator should consider if it is appropriate for all participants to take part – revisit the group contract and enable participants to opt out if they feel it is necessary. Any participants who choose not to take part can assume the role of an 'observer' and consider any learning points for the group.

- The goal of the activity is for all participants to get from one side of the minefield (grid) to the other – without encountering any mines (x)
- Only one participant can go at a time
- Participants must take turns attempting to cross the grid
- If a participant stands on a mine (x square) they must return to the group and another participant take a turn (facilitator to monitor and instruct)
- Participants have 5 minutes to discuss the task at hand before starting
- Participants have 10 minutes to complete the task

This activity can be made more challenging by preventing all participants from being able to see the grid during the activity – i.e. only the participant taking their turn is able to see the grid at any one time.

Step 2: Review
- What worked well?
- What didn't work?
- What could have been done differently?
- What have you learnt from the activity? i.e. About group work, working together and communication

10
minutes

Activity 5 - Which famous people have lived or are living with a mental health condition?

We now live in a digital age where we are constantly plugged in and connected to the world around us. This comes with obvious benefits , but also often hidden challenges -- like the pressure people feel to aspire to what they see on social media and celebrity culture.

Through this activity participants will have the opportunity to explore some of the challenges experienced by famous people both past and present. It demonstrates that irrespective of how rich or famous you may be, everyone has mental health and it's okay to talk about it.

Aims
- To help students understand that the presence of a mental illness does not mean a person cannot have a successful life and make a positive contribution to society
- To demonstrate that people throughout history have been successful while living with a mental health condition

Step 1: Introduction
Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract. It's also worthwhile discussing how the media portrays individuals and events, how there is an emphasis on stories that will generate them income rather than the emphasis being on the factual information about the person or the event.

Step 2: Research
- Provide participants with the following list of names and have them choose one/two to research. This activity can be undertaken in a number of ways – researching online, using the library, working in groups, researching with your family
- Ask participants to complete the following information for each person they will be researching

50 minutes

Materials needed:

Headings/list of names

10 minutes

40 minutes

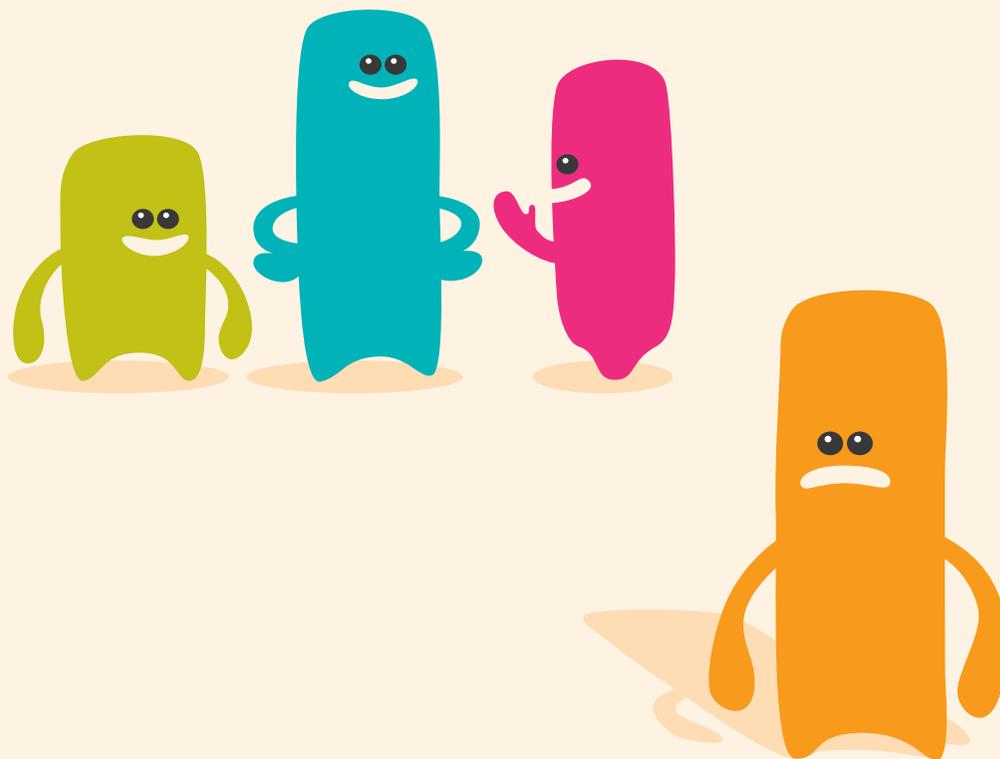- Have participants present their findings to the larger group

List of names (feel free to add others from your own research):
Abraham Lincoln, Lady Gaga, Emma Stone, Winston Churchill, Tom Fletcher, Stephen Fry, Robbie Williams, Catherine Zeta Jones, Frankie Boyle, Boris Yeltsin, Britney Spears, Charles Darwin, Diana Frances Mountbatten Windsor, Zayn Malik, Jim Carrey, Robin Williams, Trevor Noah, Demi Lovatto, Neil Lennon, Kevin Bridges, Elton John...

Here is a list of examples:

Name of person	Known for/Contribution	Mental health condition
Abraham Lincoln	Former American President	Clinical depression
Lady Gaga	Singer, Songwriter, Actress	Depression, Anxiety
Emma Stone	Actress	Anxiety, Panic Attacks
Winston Churchill	Former Prime Minister	Bipolar Disorder
Tom Fletcher	Singer	Depression
Stephen Fry	Actor, Presenter, Author	Bipolar Disorder
Robbie Williams	Singer, Songwriter	Bipolar Disorder
Catherine Zeta Jones	Actress	Bipolar Disorder
Frankie Boyle	Comedian	Depression
Boris Yeltsin	Former Russian President	Depression
Britney Spears	Singer, Performer	Bipolar Disorder, Anxiety
Charles Darwin	Naturalist, Geologist	Anxiety, Panic Disorder
Diana Frances Mountbatten Windsor	Princess (British Royal Family)	Bulimia
Zayn Malik	Singer, Performer	Anxiety
Jim Carrey	Actor, Comedian	Depression
Robin Williams	Actor, Comedian	Depression, Completed Suicide
Trevor Noah	Presenter, Comedian	Depression
Demi Lovatto	Singer, Actress, Model	Bipolar Disorder
Neil Lennon	Footballer	Depression
Kevin Bridges	Comedian	Anxiety, Panic Disorder
Elton John	Singer, Musician	Bulimia

Module 2:

Mental health stigma and discrimination

Key learning points

- Stigma acts as a barrier to people seeking help for mental health problems and mental health conditions

- People's attitudes about mental health can be positively influenced by exposure to accurate information

- Like physical illnesses, mental health conditions are treatable and the sooner people receive proper treatment and support, the better the outcomes

- Getting help early increases the chances that a person will make a full recovery from mental health problems

Introduction

In order to be able to help support the development of successful learners and effective contributors, it is essential to underscore the importance of mental health and wellbeing as essential to fulfilling potential and achieving higher levels of attainment.

To deliver the resource materials confidently and consistently, young people and staff need a basic foundation in mental health stigma and discrimination. Issues to explore include predominant conditions, the impact of stigma, coping strategies and resilience, as well as the associated implications on a personal level.

People with mental health conditions have long experienced prejudice and discrimination. Public stigma is the most prominent form observed and studied, as it represents the prejudice and discrimination directed at a group by the larger population. Self-stigma occurs when people internalise these public attitudes and suffer numerous negative consequence. As a result approaches to tackling mental health stigma and discrimination must be multi-faceted to have a sustained and lasting impact.

The impact of stigma

A key to challenging self-stigma is to promote personal empowerment on both an individual and societal level.

Stigma related to internal and subsequent behavioural processes can lead to social isolation, and additional negative stereotypes such as notions of dangerousness can be harmful to people living with mental health conditions. Emotional reactions drive discrimination and can contribute to having negative thoughts and feelings about a person

in a stigmatised group. Self-stigma presents as a series of stages: awareness, agreement with stigma, application of the stigma to themselves and finally harm to self (withdrawal/isolation). This can result in life limitation, worse recovery outcomes and a decreasing sense of self-worth for the individual. Conversely a belief in your ability to achieve what you set out to do and reach your potential, and 'coming out' about mental health problems are thought to be effective mechanisms in reducing self-stigma.

Empowering individuals is an effective way of reducing self-stigmatisation and encouraging people to believe they can achieve life goals; empowerment in a sense is the flip side of stigma. Research has demonstrated empowerment to be associated with high self-esteem, better quality of life and increased social support.

Ending mental health stigma

Addressing mental health stigma and discrimination with young people is only one step towards creating a lasting and sustained culture shift in our society. Stigma is a societal creation which can be described as prejudice and discrimination. Many people recognise stigma as unjust and make it their goal to change it; others may be unaware or unmotivated by the phenomenon altogether.

Strategies for improving help-seeking by children and young people should focus on improving mental health literacy, reducing stigma and taking into account the desire of young people for self-reliance.

Activity 6 - Wellbeing bingo

All individuals' experience of school and mental health are specific to them, with no two experiences being the same. Through this activity participants should start to develop their awareness that personal experiences are affected by issues such as family, staff and environment. This activity highlights the diversity in a group.

Aims
- To continue to develop communication skills through positive enquiry
- To encourage students to communicate with everyone within the group
- To demonstrate that we all have mental health and that a variety of factors impact on this

Step 1: Introduction
Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract.

Step 2: Completing the statements
The task is to search and find an individual in the group that can honestly complete the statements on the bingo sheet. The facilitator should encourage all participants to be respectful to others through the activity and read out all the bingo card squares.

- Each statement must be signed by only one person from the group
- The individual must sign their name against the statement that applies to them on the answer card
- Each statement must be signed by a different individual from the group
- You may sign your own sheet once
- Once your answer card is full shout 'bingo!' and the facilitator will check answers

Materials needed:

Bingo cards
Pens

20 minutes

2 minutes

12 minutes

Step 3: Review
This is an opportunity to get anecdotal information about experiences and start to consider positive/negative experiences and how these impact engagement with schools/peers.

- How did people find that?
- Was it difficult/easy? Why?
- Were there any similarities?
- Were you very different?
- What does that say about the priorities for young people?

6 minutes

Activity 6 - Wellbeing bingo worksheet

Junior card			
I have someone in my life that looks out of me and cares about me...	I have to get public transport to school...	I'm surprised by how much everyone has changed since primary school...	I have seen someone being bullied or picked on...
My community is really youth friendly...	I have lots of support...	My school is great when I have problems...	My school is easy to get to...
I have a pet...	I have a brother/sister...	I don't talk about my feelings...	Sometimes I feel people don't listen to me...
I have physical health...	I use social media to communicate with my friends...	I get grumpy when I don't feel well...	I have mental health...
I think some people judge others...	I have met someone with a mental health problem...	I would know where to get help with mental health problems...	I am open about my feelings...

Activity 6 - Wellbeing bingo worksheet

Senior card			
I have someone in my life that is really supportive...	I have to get public transport to school...	I'm surprised by how much everyone has changed in the past few years...	I have seen someone being discriminated against...
I feel welcome within my community...	I have lots of support...	I know where to get support within the school...	My school is easy to get to...
I have a pet...	I would be comfortable talking to school staff about my mental health...	I find it difficult communicating how I am feeling...	Sometimes I feel people don't listen to me...
I have physical health...	I use social media to communicate with my friends...	I am short-tempered when I feel unwell...	I have mental health...
I think some people judge others...	I have met someone with a mental health problem...	I would know where to get help with mental health problems...	I am open about my feelings...

Activity 7 - Understanding stigma

Many people with mental health conditions say that the stigma that surrounds mental health is harder to live with than the condition itself. Stigma results in discriminatory or negative behaviour and treatment towards people and the fear of stigma often prevents people from seeking help and treatment.

Stigma is frequently perpetuated through mistaken beliefs about mental health, and can be seen in people's attitudes, in public policy, in the media, etc. We can all work together to reduce stigma by providing accurate information about mental health conditions and their treatment.

20 minutes

Materials needed:

Flipchart
Pens
Post-it notes

Aims

• To demonstrate how stigma acts as a barrier to people seeking help for mental health problems and mental health conditions
• To show that people's attitudes about mental health can be positively influenced by exposure to accurate information
• To explore the meaning of the term stigma and the relationship between attitudes (beliefs) and discriminatory treatment (behaviour and actions)

Step 1: Defining stigma and discrimination

Stigma is about disrespect. It's the use of negative words to identify a person. It stops people from getting the help they need due to the fear of being discriminated against. **Discrimination** is the unfair treatment of one person or a group of people.

• Split the students up into groups and ask if they know what the word 'stigma' means and write this on a flipchart
• Bring the groups back together and lead the discussion of the definition of stigma, and the relationship between stigma, stereotyping and discrimination

15 minutes

Here are some questions that will help you to guide the conversation. Encourage students to share language they have heard others using – they don't have to agree with the statements.

- What are some of the negative things you have heard about people with mental health conditions? (Responses may include: Violent; crazy)
- Why do you think people with mental health conditions are stigmatised? (Possible answers include: They are weird/different; people don't really know the facts)
- Can you think of any other health conditions or social issues that have been stigmatised throughout history? (Possible answers include: Homosexuality; HIV; divorce)
- What kinds of factors have contributed to changing public attitudes around some of these conditions or issues? (Possible answers include: Education; research; legislation)
- What do you think influences perceptions about mental health? (Possible answers include: The media – films, news, newspaper headlines and stories that associate people with violence)
- How do you think stigma affects the lives of people with mental health conditions? (Possible answers include: People decide not to get help and treatment even though they could benefit from it; it makes them unhappy; they may not be able to get a job or find housing)

Step 2: Review
- Are participants surprised how different issues have been stigmatised throughout history?
- Has this made participants think differently about any of the attitudes they have or language they use?

5
minutes

Activity 8 - Facts continuum

In this session young people will be able to explore and challenge their own and others' values and attitudes through the discussion of facts about mental health.

Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract. If there are physical constraints within the space where you are working it may be easier to adapt this session using another method for young people to express their view – such as with coloured paddles or whiteboards.

Aims
• To challenge the stigma that acts as a barrier to seeking help for mental health problems
• To positively influence individual attitudes through exposure to accurate information

Step 1: Expressing and challenging views
• The facilitator should put up the signs – 'agree', 'disagree' and 'unsure'
• The facilitator will read from a series of statements, e.g. 'People with mental health problems don't get better'
• Participants choose to publicly identify with the statement and stand by the sign that indicates their response – the facilitator should make it clear to the students that it's okay if they feel they don't know the correct answer
• Facilitator to generate discussion amongst the group if there are differences in where/how individuals stood/responded

Start the categories at a relatively low level of discomfort and increase according to the nature of the group. Participants should know this activity is not a lie-detector test – they choose to answer.

20 minutes

Materials needed:

Statements (facts)
Answers
Signs: 'agree', 'disagree' and 'unsure'

Step 2: Review
• What was your experience with this activity?
• What was it like to see people having different opinions from you?
• Were there areas that made you feel uncomfortable?
• How did it feel to make a choice?
• Did you choose a certain response because you didn't want assumptions made?
• Were there things you wanted to say but you felt you couldn't?

5 minutes

Statements

1. Diet, exercise and regular sleep patterns are all effective ways to support mental health and wellbeing.

2. Anyone can experience a mental health problem.

3. Stigma against people with a mental health condition is uncommon in Scotland.

4. Distress can occur in someone who has a mental health condition.

5. Many clinical depressions that develop in teenagers come out of the blue.

6. Schizophrenia is a split personality.

7. Suicide is the leading cause of death for males under 35 years old in Scotland.

8. People with mental health problems don't get better.

9. Young people self-harming are attention seeking.

10. Everyone has the power to support a friend having difficulty with their mental health.

11. Mental health conditions may affect 1 in 4 adults.

12. Most people with panic disorder do not get well with treatment.

13. A psychiatrist is a medical doctor who specialises in treating people who have a mental health conditions.

14. Serotonin is a liver chemical that controls appetite.

15. A delusion is defined as seeing something that is not real.

16. Lack of pleasure, hopelessness and chronic tiredness can all be symptoms of a clinical depression.

15 minutes

Facts continuum – Answers

1. Agree – All of these can help support positive mental health and wellbeing

2. Agree – We all have mental health and as such anyone could develop a mental health problem

3. Disagree – Stigma is unfortunately very common, however lots of people are working towards changing this and we can all challenge stigma

4. Agree – We can all experience stress and people can experience distress at different times. Distress is caused by a problem or event

5. Agree – Anyone could develop a mental health condition, however help and support are available

6. Disagree – People who have Schizophrenia experience delusions and hallucinations (psychotic symptoms)

7. Agree – Many factors contribute towards this, including the stigma surrounding metal health which stops people accessing the help and support that is available

8. Disagree – Most people who develop mental health problems can and do get better with support. People with enduring (long lasting) mental health conditions such as eating disorders are commonly referred to as being 'in recovery'

9. Disagree – Many people self-harm as a coping mechanism to deal with distress. It is any injury that a person inflicts on themselves without the intent to die

10. Agree – We can all help a friend by listening and supporting them to reach out to get support with a mental health difficulty including encouraging them to speak to an adult

11. Agree – In Scotland 1 in 4 adults will be affected by a mental health condition

12. Disagree – Panic Disorder can be effectively treated with psychological therapies or medications. A person with panic disorder has panic attacks, expects and fears the attacks and avoids going to places where escape may be difficult if a panic attack happens

13. Agree – Psychiatrists are medical doctors who have had many years of additional training in psychiatric medicine

14. Disagree - Serotonin is a chemical. It is a neurotransmitter that helps in regulating many different brain functions, including mood, anxiety and thinking

15. Disagree – It is a disturbance of cognition where a person has fixed false beliefs that something has occurred or will occur

16. Agree – If you are concerned about yourself or someone else you should talk to someone you trust to get help and support

Activity 9 - Health and wellbeing

Students become aware that being supportive towards someone with a mental health concern is no different from being supportive towards someone with a physical health issue.

Aims
- To provide an icebreaker that encourages students to participate in an open discussion
- To demonstrate that everyone has mental health
- To demonstrate that mental health like physical health can be effectively treated

Step 1: Part one
- Divide the class into 2/4 groups
- It's important to emphasise that there are no wrong answers in this activity
- This exercise is all about opening up a discussion
- Tell participants that they don't have to agree with or believe in the ideas or names they offer/say
- Give each group a piece of flip chart paper with one/two of four terms written at the top: **Physical health/Mental health/Physical illness/Mental illness**
- Give the groups five minutes to 'thought shower' all the words that come to mind when they see the term
- After five minutes, ask groups to tape their sheets up on a wall for all groups to see
- Ask one student from each group to read out their list for the whole class
- Ask students what they notice about the type of words used on each sheet
- Discuss the similarities and differences in student responses to mental and physical aspects of people's health
- Ask students to suggest some reasons for these differences
- Look at the differences in the words used, both positive and negative, and discuss the impact of them
- Here are some examples for each of the headings above:
  Physical health – Healthy, Keeping fit, Eating correctly
  Mental health – Mind, Psychology, Thoughts, Feelings
  Physical illness – Sickness, Conditions, Diseases, Bed rest, Doctors
  Mental illness – Sick mind, Psychologists, Bad thoughts, Hospital

20 minutes

Materials needed:

Flipchart
Pens
Post-it notes – two colours

8 minutes

Step 2: Review

Which has more positive and negative comments?
Why do you think this is?
What could change this?
Did anything surprise you about this activity?

2 minutes

Step 3: Part two

- Allow the participants time to watch the Advice for Young People video
- Hand out post-its to the students and ask them to write down a message of support for someone with a physical health problem/concern (e.g. Diabetes, Asthma) and jot down some ideas of things they can do to help. Give them 5 minutes to do this.
- Hand out post-its to the students and ask them to write down a message of support for someone with a mental health problem/concern (e.g. Depression, Anxiety) and jot down some ideas of things they can do to help. Give them 5 minutes to do this.
- Once they have finished ask each student to read out their messages

8 minutes

Step 4: Review

Are the messages of support similar?
Are the types of support you could offer similar?
Did anything surprise you about this?

2 minutes

Activity 10 - Zombie apocalypse

This activity is designed to challenge students' preconceptions of mental health and areas of intersectionality (e.g. age, gender, sexuality) in a controlled environment through role play.

Before starting the activity the facilitator should consider potential triggers and issues that may come up and whether it is appropriate for all participants to take part – revisit the group contract and enable participants to opt out if they feel it is necessary. The facilitator should also ensure that the signposting info in this pack is made available to all participants after the activity.

Any participants who choose not to take part can assume the role of an 'observer' and consider any learning points for the group.

This activity can be run alternatively as a paper exercise for quieter groups who may be uncomfortable taking part in role play. There are 12 characters; in a classroom situation the students could be split into two groups running the activity simultaneously or for younger groups the students can team up into pairs or threes with each taking a character between them.

Aims
To understand that:
- Everyone has mental health and can experience distress regardless of whether or not they have mental health problems/conditions
- Everyone is unique
- We all have factors that influence how we think and feel about ourselves
- Mental health conditions like physical health conditions can be effectively treated

40 minutes

Materials needed:

Character cards – two sets (Available in appendix)

Step 1: Introduction
- Let the group read the brief…

Brief:
A zombie apocalypse has happened in Scotland The government and emergency services no longer exist. Young people were identified as a priority group to be taken to a 'safe zone' on the Isle of Skye. However the bus you were traveling on has broken down just north of Fort William.

In 25 minutes a huge herd of zombies is due to pass your location. You and your group have found a shelter that will protect some of you from the herd. It also has medical supplies, fresh water and food. Unfortunately after closer inspection, the shelter only has room for 6 people. This means that only 6 people can survive and continue on to the 'safe zone' once the herd has passed.

...and then hand out the first set of character details (one card per person). It is up to the facilitator, which individual will get which character description.
- The group now has 25 minutes to decide amongst themselves who is to stay and who is to leave the shelter. This could be purely discussion based within the group or the facilitator could choose to get the participants to role play the character they have the card for.
- After the group has made its decision (or 15 minutes is up), give each person their second character description. The group then has 10 more minutes to make their final decision on who should stay in the shelter.

Note: If the participants struggle to complete the task with 5 minutes remaining, the facilitator can introduce the suggestion of removing the supplies from the shelter. This will provide space for 4 more people in the shelter.

25 minutes

Step 2: Review
- Now ask the group to discuss how they came to the final decision. Did they change their choices? Yes/No – Why?
- How does this scenario reflect real life situations?
  - Stigma/discrimination/stereotyping/making assumptions based upon what people look like, how they speak, where they come from and what they do.
- Is there anything else you can learn/take away from this activity?

15 minutes

Activity 11 - Fact versus fiction

Often the way we react to a situation is based on our personal interpretation of the events. We can't change facts but we can change our interpretations of stories, to be more positive and support us to act in a way that's less stigmatising. Think back to the iceberg theory.

Aims
- To explore the difference between facts and interpretations and to understand the impact interpretations have on the decisions that people make
- To consider how a common language could be used to challenge mental health stigma and discrimination and help young people speak out

30 minutes

Materials needed:

Flipchart
Pens

Step 4: Review
- How was it to have someone listen to your F.I.D.O. scenario and feedback?
- What are the benefits of separating out the Facts of what happens from our Interpretation?
- What can it create for us in challenging situations?
- How could this idea be used to end mental health stigma and discrimination?
- Could you change the decisions you make by being aware of how interpretations affect them?

5 minutes

Step 1: Part one introduction

The facilitator should demonstrate (role play) one of the examples below as a tableau (a single/group of models or motionless figures representing a scene from a story or from history) or if more appropriate distribute the flash cards of tableaus.

Example one: *Head in hands: e.g. crying, migraine, lost somebody close, disengaged.*
Facilitator/participant to suddenly sit with their elbows on their knees with their face covered, resting in their hands.

Example two: *Two People and a Bag: e.g. It's a theft A stole B's bag, B is going to beat up A...*
The facilitator stands one foot in front of the other carrying a bag and looking back anxiously. The participant stands five paces or so behind, one foot in front of the other but wider apart and the arms up as if running.

Ask the group what they see and record all the answers on a flipchart:
- After you have a full flipchart of responses circle any that are fact and ask again, what can you actually see? What are the facts?
- Circle all the suggestions that are facts and ask the group if those are facts then what are the rest of the words? Answer: Assumptions, stories or interpretations.
- What were most easy to come up with, facts or interpretations?
  - Interpretation = anything that can be disputed.

10 minutes

Step 2: Review

What are conflicts most likely to be caused by?
Can you think of anything you will take away from this to deal with situations differently in the future?

Interpretations aren't bad – we all interpret things to make sense of the world around us and keep ourselves safe. However, if we separate the fact from the story or interpretation it opens up the possibility of clear communication.

5 minutes

Step 3: Part two introduction

Facilitator to ask participants to reflect on their experiences in education and come up with an example when they've acted on interpretations or stories rather than facts or times they have had this happen to them. Reference could be made to the use of written communication, such as texts on social media, how they don't convey tone and are often misinterpreted by others.

Ask the participants to get into pairs – Person A and Person B
- Person A is to tell Person B about a time that they/ someone acted on their interpretations and they were less than happy with the outcome. Person B listens without interrupting (2 minutes)
- After two minutes Person B gets to summarise back and ends by asking what they would have rather had happen (1 minute)
- Person A and B then swap roles and repeat the process

10 minutes

F.I.D.O example

Fact (What actually happened)	Another student pushed past me
Fiction (Interpretation) (The story you told yourself)	She's rude, I should tell her she's out of order
Decision (What you did based on your interpretation)	I felt annoyed and so mumbled "stupid cow" under my breath
Outcome (The consequences of your decision)	She looked scared, I felt embarrassed as others were watching

Ask participants to come up with different interpretations, which may result in a different decision and therefore a different outcome. E.g.

Fact (What actually happened)	Another student pushed past me
Fiction (Interpretation) (The story you told yourself)	She didn't see me – she's in a hurry for something or upset
Decision (What you did based on your interpretation)	I asked if she was okay, and said it was fine for her to go before me
Outcome (The consequences of your decision)	She had some choice, I felt less embarrassed and more empowered

Activity 12 - Rights survey

Rights are essential to ensuring that everyone has equal opportunity and the chance to succeed in life free from discrimination. Children's rights are a list of promises to children and young people to keep them safe. They are used to make sure you are treated fairly and looked after properly.

Aims
- To get students to explore human rights on a personal level
- To give students an understanding of the fundamental importance and value of human rights
- To explore mental health in a rights-based context

Step 1: Introduction

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948. It sets out, for the first time, fundamental human rights to be universally protected. When something is a 'right', it means that nobody can take it away from you. It is yours, and is meant to protect you and help you have a good life.

- Now take the time to read the wider context in Scotland information to the participants
- Facilitator to discuss background and context of rights with participants

45 minutes

Materials needed:

Rights worksheets

15 minutes

21 June 2000 in Scotland as one of the first pieces of legislation enacted by the new Scottish Parliament.

Same-sex sexual activity has been legal in Scotland since 1980 and the age of consent has been equal to that for opposite-sex activity since 2001. Same-sex marriage was approved by Scottish Parliament in February 2014 with civil partnerships having been legal since 2005. Same-sex couples have also been granted joint and step adoption since 2009 and discrimination on the basis of sexual orientation and gender identity have been banned since 2005.

Children's rights: The United Nations Convention on the Rights of the Child (commonly abbreviated UNCRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen.

Nations that ratify this convention are bound to it by international law. Compliance is monitored by the UN Committee on the Rights of the Child, which is composed of members from countries around the world. The UN General Assembly adopted the Convention on 20 November 1989 (the 30th anniversary of its Declaration of the Rights of the Child). It came into force on 2 September 1990, after it was ratified by the required number of nations. Currently, 196 countries are party to it, including every member of the United Nations except the United States.

Step 2: My rights
- Facilitator to discuss background and context of rights with participants
- Give each participant a copy of the human rights worksheet
- Scenario – Participants have been given a list of some basic human rights. Due to new legislation everyone is about to lose six rights. Before any decisions are made about which rights these will be, the government is carrying out research to find out which rights are most important to people and what impact losing these might have on their lives
- Read out the 'rights' to participants and explain any points if needed
- Instruct participants to choose six rights that they would definitely not want to lose
- Now ask participants to consider: How might your life be affected over the next three years if you lose these rights? Write down some of the changes that might happen to you and in your life
- You can additionally tally the participants' top answers to generate discussion and debate. Was there a general consensus on what rights were more important? What would it feel like to live in a world where you only had the six rights you chose?

25 minutes

Step 3: Review and discussion
Was it harder to give up rights than you thought it would be?
Which right was it harder to give up?

Further information on children's rights can be found at Children and Young People's Commissioner Scotland **www.cypcs.org.uk** This site is for children and young people in Scotland, their parents and the adults who work with them. Rights for Life **(rightsforlife.org)** is a statement of the rights that people affected by mental health conditions in Scotland are calling for.

5 minutes

Wider context in Scotland

Women's rights and suffragettes: Traditionally, prior to World War I, women were kept out of public life, and the roles of married women were confined to the domestic sphere. Suffragists simply wanted votes for women on the same terms as men. Much change in Scotland came about through the war effort: women could prove their worth by joining the Women's Land Army or Voluntary Aid Detachments.

In 1915 landlords increased rents around the shipyards and munitions plants. The Govan and Partick women organised resistance and as a result of the 'women's fight', the Rent Restriction Act froze rents. Women had at last broken a social barrier.

By 1918 the Representation of the People Act changed the voting system. Women over 30 and men over 21 were given the vote, and women were for the first time allowed to stand for Parliament. Many counties reduced their voting ages to 18 during the 1970s, starting with the United Kingdom with the Representation of the People Act 1969.

Votes at 16: Scottish Parliament voted unanimously on 27 October 2007 for a policy of reducing the voting age to 16, as well as in favour of a campaign for the necessary power to be devolved to the Scottish Parliament. The voting age in Scotland has been lowered to include 16- and 17-year-olds after new electoral powers were introduced for the Scottish Parliament. Scottish ministers were given powers to set a separate voting age and franchise for elections to Holyrood and for Scotland's 32 local authorities.

LGBT rights in Scotland: Lesbian, gay, bisexual, transgender (LGBT) rights in Scotland are generally regarded one of the most progressive in Europe. In 2015, Scotland was recognised as the 'best country in Europe for LGBTI legal equality'.

Previously however Section 28 an amendment of the Local Government Act 1988 enacted on 24 May 1988, stated that a local authority "shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality" or "promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship". It was repealed on

Activity 12 - Rights worksheet

You have been given a list of some basic human rights. Due to new legislation everyone is about to lose six rights. Before any decisions are made about which rights these will be, the government is carrying out research to find out which rights are most important to people and what impact losing these might have on their lives.

Rights: The right to...			
Give my permission before people do things for me	Have a drink with a friend	Go to bed whenever I want to	Read whatever I want when I want provided it is legal
Look for a job	An education	Go to a night class	Have a consensual relationship
Have a private life	Use public transport	Have children	Do my own shopping
Choose where to live	Choose my own clothes	Be listened to	Be included in medical decisions that affect me
Legal redress when I experience discrimination	Make my own decisions about who and if I marry	Express my opinion and have it valued	Be on my own when I want
Say YES and NO whenever I want to	Make decisions regarding my own welfare	Make decisions regarding my family and children's welfare	

Section 1:
From the table choose six rights that you definitely would not want to lose and list them here:

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Section 2:
Consider how your life might be affected over the next three years if you lose these rights. Write down some of the changes that might happen to you and in your life.

....

....

....

Activity 13 - Discussion groups

Stigma frequently acts as a barrier to people seeking help for mental health problems and mental health conditions. By providing factual information about these conditions participants can be supported to positively challenge negative and inaccurate attitudes about mental health.

Aims
- To provide information about common mental health conditions
- To have participants learn about these conditions and share their learning with others

Step 1: Introduction
Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract.

Encourage participants to share language they have heard others using – they don't have to agree with the statements.

Step 2: Research
- Explain to participants that they will work in small groups and will research one mental health condition using the factsheets provided in the appendix
  - Depression
  - Anxiety
  - OCD
  - Psychosis
  - Self-harm
  - Bipolar Disorder
  - Suicide
  - Panic Disorders
  - Personality Disorders
  - Eating Disorders
- Give a group a factsheet area and a few minutes to read this. When they have finished reviewing, ask each group to discuss together the mental health condition they have
- Give each group a sheet of paper, read out the worksheet example and questions, asking participants to write the questions down and answer them within the group

Materials needed:

Factsheets and worksheets

50 minutes

5 minutes

30 minutes

Step 3: Review

• Now ask a participant from each group to feed back what they feel are the three most important facts about that condition
• Were participants surprised by anything they found out?
• Will this knowledge change how participants view mental health conditions?

15 minutes

Activity 13 - Discussion group worksheet

Example:

Diagnosis: Depression

Associated stigma: People choose to be depressed, they need to 'snap out' of it, they are just lazy, they are trying to get attention.

Reason for stigma? It is often portrayed as a phase that people grow out of and it is frequently dramatised in TV shows as something trivial or 'teen angst' and so it is often dismissed e.g. 'young people don't have anything to be depressed about'.

What is it really? People do not choose to be depressed. Depression is developed over time and requires appropriate treatment to deal with the psychiatric symptoms and underlying issues. Depression is a term used to describe a state of low mood. Clinical Depression is a mental health condition. This can be confusing because people may often feel depressed but will not have Clinical Depression. People with Clinical Depression could feel sad or irritable and also experience lack of interest, a sense of hopelessness, sleep problems and loss of appetite, which can all have a negative impact on a person's life.

Diagnosis:

Associated stigma:

....

....

....

....

....

Reason for stigma?

....

....

....

....

What is it really?

....

....

....

....

....

....

Activity 14 - Coping, resilience and managing stress

The different situations you will be experiencing throughout your life may cause you worry, anxiety or stress. This is due to you experiencing new and different situations that challenge you mentally and physically. These helpful points will enable you to deal with stressful situations.

Aims
• To help enable participants to recognise and deal with stressful situations

Step 1: Introduction
Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract. Make it clear to the participants that everyone copes differently with stress and as such everyone will have their own way of dealing with things.

Step 2: Managing stress
• Facilitator to discuss background and context of stress using the information provided
• Do participants know what stress, coping and resilience are? Use the definitions provided to direct discussion
• Give each participant a copy of the participant worksheet. This can be discussed in pairs or small groups.
• Instruct participants to complete the participant worksheet – they can keep the worksheet

Step 3: Review
• Ask participants how they found the activity?
• Why do they think it's important?
• Were they surprised by anything?
• Will participants try to use these in future?

50 minutes

Materials needed:

Participant worksheets

10 minutes

30 minutes

10 minutes

Stress defined – Physiological or biological stress is our response to a stressor such as an environmental condition. Stress is a body's method of reacting to a challenge. Stress typically describes a negative condition or a positive condition that can have an impact on a person's mental and physical well-being.

Coping defined – Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimise or tolerate stress or conflict. The effectiveness of the coping efforts depends on the type of stress and/or conflict, the particular individual, and the circumstances. Positive coping strategies include spending time with friends, doing exercise, keeping a diary and talking about your problems. Negative coping strategies can cause you harm and include things like drugs, alcohol and hurting yourself.

Resilience defined – Resilience is defined as an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, bullying, problems at school or workplace and financial worries, among others. Resilience is not a rare ability; in reality, it is found in the average individual and it can be learned and developed by virtually anyone. Resilience should be considered a process, rather than a trait to be obtained.

Why is relaxation helpful?
When we are stressed, the muscles in our bodies tense up and this muscular tension causes uncomfortable bodily feelings, such as headache, backache, tight chest and so on. These aches and pains of tension can cause mental worry, making us even more anxious and tense. People who are tense often feel tired. Relaxing slows down the systems in the body that speed up when we get anxious. If we can learn to turn on the bodily symptoms of relaxation we can turn off the symptoms of tension. They are two sides of the same coin: You can't experience feelings of relaxation and tension at the same time.

Everyday life
The ability to relax is not always something that comes naturally; it is a skill that has to be learnt like playing the piano.
• Stop rushing around – you achieve more by doing things calmly
• Give yourself short breaks – relax, stretch, go for a walk
• Adopt a relaxed posture. Deliberately relax if you notice yourself tensing up. Drop your shoulders, sit back in your chair, and unclench your fists.

When experiencing stress
• Do not withdraw from social support
• Keep communicating – ventilate your feelings
• Keep areas and times for relaxation
• Do not expect too much of yourself
• Do not feel that you have to live up to others' expectations of you
• Think twice about how important tasks are. Try saying 'No'
• Break your goals into manageable proportions
• Think positively about your abilities

Stress release exercises
Hands and arms – Clench your fits, and tense your arms; feel tightness in your hands and arms, hold for 5 seconds then slowly relax them. Release and relax each muscle group for 10 to 15 seconds. See how far they will go, but do not push. Do not hold on at all; let everything go.
Breath – Slow and steady, let yourself relax each time you breathe out.
Shoulders – Hunch your shoulders, and then gradually let them settle down
Forehead – Pull your eyebrows together, then gradually let your forehead smooth out.
Jaw – Bite your back teeth together, then gradually ease off, and let your jaw get heavy.
Neck – Pull your chin forward on to your chest, feel tightness, then relax.
Tummy – Pull in your tummy tight, then gradually let it go, feeling it relax.
Thighs – Push your heels down hard against the floor, feeling the tightness in your thighs, and then gradually let that go.
Calves – Point your toes, then gradually let that tightness go.

Activity 14 - Coping, resilience and managing stress worksheet

When in stressful situations the following exercise may help you to deal with confusing or upsetting conditions. Most people are not mind readers, and so if you are upset about how someone/a situation is acting/progressing, you need to remember that. For example remember a time in your life when you got into a fight/argument with someone, and it was all a misunderstanding, or because you had different points of view.

Is this such a problem? Do people around the world all have to think the same? Of course not! So why do so many arguments happen? Normally because of communication breakdowns. It helps a great deal in a situation when you know what someone else is feeling, or where they are coming from.

Use the following technique to help when a strained situation arises.

Stress management

How I normally deal with 'stress' can include (circle the ones you do):		
Shouting	Fighting	Going away from the situation
Taking time out	Arguing	Listening
Swearing	Listening to music	Getting more people involved

Try and answer the following questions:

When I am stressed it feels like…
....

I can tell when I am getting stressed because…
....

I normally handle stressful situations by…
....

How can I tell when a situation is becoming stressful?
....

How can I better deal with 'stressful' situations?
....

I cope by…
....

I get support from…
....
....

Responding to difficult situations:

Take these steps, to explain to the person what's going on in your head, and see if it makes the situation different:

When you...

(*Whatever they have just done/said*)

I feel...

(*Whatever you have felt about what has happened*)

And I think that...

(*Whatever you thought was going on/happening/going to happen*)

And in the future, what I would like to happen is...

(*Let them know what you would like to happen*)

This technique, can be used, and applied in different situations in all areas of your life. It's good to learn, and practice at different times.

Activity 15 - Help and support

Young people have wide and varied experiences and some experiences require support. However, some people may have difficulties in identifying where to go and/or lack the confidence to access help.

You will find a list of good sources to signpost participants onto toward the end of this pack; all of these have been highlighted by young people as good sources of support or information.

Aims
- To consider personal coping strategies
- To explore some of the issues faced by young people
- To consider the services that can be accessed to get help and support
- To affirm to young people that it is okay to seek help

Step 1: Introduction
- Remember and remind participants about the group contract and staying safe
- Split the participants up into smaller groups for discussion
- Facilitator to read aloud and ask participants to consider the following scenarios
  - Taking a big exam
  - Dealing with family breakdown
  - Dealing with the death of someone close
- How would students cope in these situations?
- Could they cope alone or would they ultimately need help?

Step 2: Who can help
The situation cards reflect the reality of what is happening in the lives of many young people but some may evoke strong reactions. It is therefore important to choose those which are age appropriate to the group and consider potential triggers. Remember how embarrassing it can be to talk about difficult issues no matter what age you are and help the young people develop empathic responses.

- Divide participants into small groups (no more than 6)
- Give each group a set of situation cards and where to get help cards and ask them to place the situation cards face down on the floor

50 minutes

Materials needed:

Situation and help cards (Available in appendix)

10 minutes

30 minutes

- Ask participants to spread the where to get help cards in a circle
- Ask participants one at a time to choose a situation card and decide if they were in the situation which source they would use from the where to get help cards, if any
- Ask participants to try and get group consensus about their choice of source – would all group members use that source?
- When they have agreed on a source ask them to place their where to get help card on that source, facing into the middle of the circle. If they cannot find a source they would use they must place the situation card outside the circle
- When all the groups have completed the task ask them to move around the room and examine each other's work. Ask them to compare similarities and differences in where they have placed the situation cards

Step 3: Review

- Why did they choose one source rather than another? How would they access/find the source?
- What issues would they be concerned about most? Ask them to focus on the cards outside the circle and consider what support and help these young people might need. What helps young people to use support and health services?

10
minutes

Activity 16 - Showing support and tracking issues

This activity is designed to enable students to reflect on the previous activities and express support for someone experiencing distress or concerns about their mental health.

Young people often find it difficult to raise concerns and issues in front of their peer group. These activities allow participants to reflect on what they have learnt throughout the pack and action areas for change and development.

Aims
- To enable participants to openly consider and articulate what support they could provide
- To allow participants to anonymously address areas of mental health stigma and discrimination they see
- To enable the participants to actively consider ways that mental health stigma and discrimination could be tackled
- To enable adults to track issues and areas of concern

Step 1: Part 1 – Showing support
- Come up with a sample statement that reflects a mental health issue (or use one of the sample statements provided below)
- Write the statement on a large strip of paper and stick it to a blank wall
- Make participants aware of the wall and provide them with a 'brick' (post-it note) each
- Ask participants to work together or alone and come up with one or more comments to support the statement on the wall; they should write these on their 'brick' and stick it to the wall or hand it in to be put up
- Collect the comments (bricks) and attach them on the wall under the sample statement or if already displayed take a photo and share your wall of support with See Me
- This activity can be repeated with different statements or age groups

Materials needed:

Post-it notes or alternatively an email address
Blank wall
Issue box (box with a slot for issue cards)

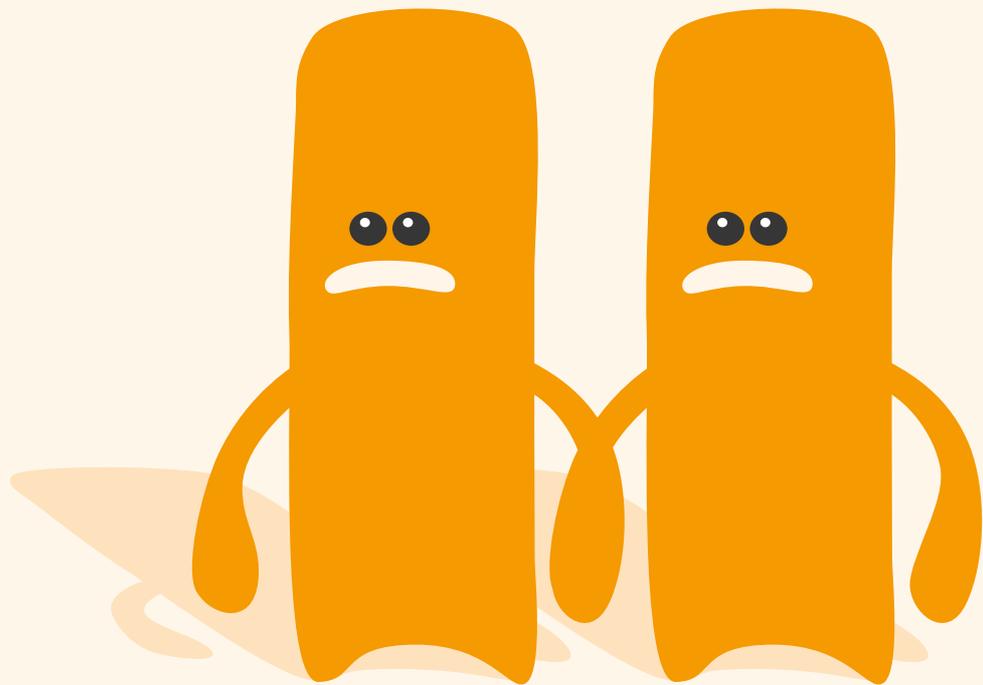**20** minutes

10 minutes

Sample statements:
- I don't know who to talk to about how I'm feeling
- I don't tell my friends everything, I worry what they will think of me
- It feels like there is no point and nobody understands me
- I feel like I can't cope

Step 2: Tracking issues
- Facilitator to distribute 'issue boxes' in key areas e.g. where young people are aware of them and in open areas
- Facilitator to give out 'issue' cards to participants
- Ask participants to consider what they have learnt throughout the activities and inform them about the 'issue boxes'
- Let students put their 'issues' in the 'See Me' box. This way issues can be tracked and addressed
- Collect these at regular intervals and compile to track issues or areas of concern
- This activity can be repeated several times across a year. Key times would be those that are particularly stressful for young people e.g. prior to exams

10 minutes

Intersectionality (Duel stigma)

Key learning points

- Intersectionality (Duel stigma) is defined as disadvantaged by multiple sources of oppression such as racism, sexism, homophobia, xenophobia, classism, ageism etc

- Individuals who experience one stigmatised characteristic can be at risk of experiencing more than one type of stigma simultaneously

- The Equality Act 2010 legally protects people from discrimination — this includes protection against direct and indirect discrimination, harassment and victimisation in services and public functions, work, education, associations and transport

- Protected characteristics include age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity

Intersectionality (Duel stigma)

Intersectionality, n.
The interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise. (Oxford Dictionary)

Introduction

In this section, participants will explore intersectionality or double stigma. Double stigma occurs when a person with a stigmatised characteristic experiences more than one type of stigma such as a mental health diagnosis and a physical disability at one time.

In order for individuals to thrive it is essential to have the opportunity to develop their identity free from stigma and discrimination so that they can develop a positive sense of self and achieve their potential. Both language and behaviours are important to consider as the impact on the individual can have long lasting negative consequences.

Intersectionality is a way for considering if a person, group of people, or social problem is affected by a number of discriminations and disadvantages. It takes into account people's overlapping identities and experiences in order to understand the potential prejudices they face.

People may face multiple sources of stigma and discrimination: mental health, racism, sexism, homophobia etc. These are interconnected and cannot be considered separately from each other. The concept is largely used when discussing oppression.

Hearing negative language about you, even if it is not directly aimed at you can have a negative impact on mental health and wellbeing. Understanding intersectionality is essential to combatting the interwoven prejudices people face in their daily lives.

What difference can we make?

Understanding intersectionality is essential to ensure equality in society. We need wider awareness and understanding for and participating in conversations about the differences in experience among people with different overlapping identities. Without considering this, events and movements that aim to address social injustice may end up reinforcing inequities.

Recognise difference

We need to recognise that all people are unique and experience the world differently based on the cultural background and life experiences they have had. This informs how we see ourselves, others and the world around us, shaping our actions and behaviours.

LGBT+ intersectionality

These activities will explore Lesbian, Gay, Bisexual & Transgender (LGBT+) history, language and the duel stigma which prevails for some LGBT+ individuals.

Stigma and discrimination often presents in the form of Lesbophobia, Homophobia, Biphobia and Transphobia. Some LGBT+ individuals may face stigma and discrimination, both from others and themselves, which can contribute to and impact an individual's mental health.

If we can create an open and inclusive society (starting in schools and local communities) in which people feel free to express who they are and feel supported in speaking out, we can promote positive mental health.

• Half of LGBT+ young people don't feel part of their school community
• Nearly half of LGBT young people in Scotland say that there isn't an adult at school they can talk to about being LGBT+
• Half of all LGBT pupils still face bullying at school for being LGBT, and more than two in five trans young people have tried to take their own life
• More than four in five trans young people have self-harmed, as have three in five lesbian, gay and bi young people

* Taken from Stonewall School report, 2017

Activity 17 - LGBT+ language

This activity is a chance for participants to discuss the impact that language can have. Before starting the activity remind participants of the group contract and the importance of keeping themselves safe.

30 minutes

Aims
- To support individuals to challenge stigmatising language people may use
- Young people are supported to recognise the power that their words have

Materials needed:

Flipchart
Pens
Glossary

Step 1: Introduction
Before beginning the activity remind participants of the importance of confidentiality and keeping themselves and others safe. When speaking about issues remember not to share personal information about other people that isn't yours to share.

5 minutes

Step 2: Thought shower
- Divide the participants into 2/4 groups
- This exercise is about opening up a discussion on LGBT+ language
- Give each group a piece of flip chart paper with one of the two terms written on top: Lesbian/Gay/Bisexual/ Transgender (LGBT+) or Straight (Heterosexual)
- Give the groups 5 minutes to 'thought shower' all the words that come to mind when they see the term
- Remind participants that political correctness is not required – what they write down does not have to be their opinion; it could be things they hear through media etc.
- After five minutes, ask groups to tape their sheets up on a wall for all groups to see
- Ask one participant from each group to read out their list for the whole class
- Ask participants what they notice about the type of words used on each sheet
- Discuss the similarities and differences in participant responses to LGBT+ and straight (Heterosexual)
- Ask students to suggest some reasons for any differences

15 minutes

- Look at the differences in the words used, both positive and negative, and discuss the impact of them (Use the glossary to support this)
- Here are some examples for each of the headings;
- Lesbian – Women, dyke
- Gay – Men, homo
- Bisexual – Both, greedy
- Transgender – Sex change, hormones
- Heterosexual – Marriage, children

Step 3: Review
- Are you surprised by the differences with the two different terms?
- Why do you think this is?
- What could change this?
- After doing this activity does this surprise you?

10
minutes

LGBT+ glossary

This terminology is enshrined in and protected by the Equality Act 2010. The Equality Act 2010 says you must not be discriminated against because you are heterosexual, gay, lesbian, bisexual or transgender. In the Equality Act sexual orientation includes how you choose to express your sexual orientation, such as through your appearance or the places you visit.

This glossary covers some key terms identified in consultation with LGBT+ young people.

General terms:

Biphobia: Dislike and prejudice towards bisexual people. This can take many forms such as agreeing with negative stereotypes or denying that bisexuality is a valid and genuine sexual orientation.

Coming Out: When a person first tells someone/others about their identity (LGBT) Individuals also 'come out' to themselves when they realise what their sexual orientation or gender identity is.

Homophobia: Prejudice and dislike towards all gay men. It is also used as a blanket term that is used to describe prejudice or dislike towards lesbian, gay and bisexual people.

Lesbophobia: Prejudice and dislike towards lesbians, this can be towards individuals, couples or lesbians as a social group.

Pronoun: The words we use to refer to people's gender e.g. 'he', 'she', or gender neural 'they', 'them'.

Queer: A reclaimed term by the LGBT+ community, in particular those who don't identify within traditional categories of gender identity and sexual orientation. Previously used as a derogatory term for LGBT+ individuals.

Questioning: Exploring or being unsure of your sexual orientation or gender identity.

Transphobia: Prejudice and dislike directed towards transgender people or people who do not conform to society's gender expectations.

Sexual orientation: emotional, romantic and or sexual attraction to another person.

Asexual: Someone who does not experience sexual attraction. Asexual people are still capable of forming intimate relationships.

Bisexual: Someone who has an emotional, romantic and/or sexual attraction towards more than one gender.

Homosexual: Someone who has an emotional, romantic and/or sexual attraction towards someone of the same gender.

Lesbian: Women who have emotional, romantic and/or sexual attraction towards other women.

Gay: Men who have emotional, romantic and/or sexual attraction towards other men. Gay is often used as an umbrella term for LGBT+ individuals.

Pansexual: Someone who does not consider gender when forming an attraction and is capable of being attracted to all genders.

Gender identity: someone's internal sense of their own gender, this can be male, female or something else.

Cisgender: Someone whose gender identity is the same as the sex they were assigned at birth.

Gender dysphoria: When a person has discomfort or distress because their gender identify does not match their sex assigned at birth.

Non-binary: An umbrella term for a person who does not identify as wholly male or female.

Trans (Transgender): An umbrella term to describe people whose gender identity differs from the sex they were assigned at birth. This usually means changing names, pronouns and dressing differently, but it can also mean going through some sort of medical intervention.

Transitioning: The process of making changes to live as the gender someone identifies as. Everyone experiences transitioning different; some people have medical interventions in the form of hormones or surgery but not all.

For more information or to talk to someone visit:
www.lgbtyouth.org.uk
www.stonewall.org.uk

IT'S GOOD TO TALK

Activity 18 - Facts continuum

In this session young people will be able to explore and challenge their own and others' values and attitudes through the discussion of facts about LGBT+ individuals.

Before beginning the activity remind participants of the importance of keeping themselves safe. Make reference to Activity 1 and the group contract. If there are physical constraints within the space where you are working it may be easier to adapt this session using another method for young people to express their view – such as with coloured paddles or whiteboards.

Aims

- To open up discussion surrounding LGBT+ issues and challenge the duel stigma that LGBT+ individuals may experience
- To positively influence individual attitudes through exposure to accurate information

30 minutes

Materials needed:

Statements (facts)
Answers
Signs: 'agree', 'disagree' and 'unsure'

Step 1: Expressing and challenging views

- The facilitator should put up the signs – 'agree', 'disagree' and 'unsure'
- The facilitator will read from a series of statements, e.g. 'Sex and gender identity are the same'
- Participants choose to publicly identify with the statement and stand by the sign that indicates their response – the facilitator should make it clear to the students that it's okay if they feel they don't know the correct answer
- Facilitator to generate discussion amongst the group e.g. why do you agree/disagree? if there are differences in where/how individuals stood/responded

Start the categories at a relatively low level of discomfort and increase according to the nature of the group. Participants should know this activity is not a lie-detector test – they choose to answer.

20 minutes

Step 2: Review

- What was your experience with this activity?
- What was it like to see people having different opinions from you?
- Were there areas that made you feel uncomfortable?
- How did it feel to make a choice?
- Did you choose a certain response because you didn't want assumptions made?
- Were there things you wanted to say but you felt you couldn't?
- Do you think how people are treated due to their sexuality/gender would have an impact on their mental health?

10 minutes

Statements

1. People choose to be gay or to be straight.

2. Sex and gender identity are the same.

3. Same sex couples can get married.

4. People who identify as bisexual are going through a phase.

5. Transitioning is the process a Trans person may take to live in the gender they identify as.

6. Teachers used to be prevented from being able to talk about LGBT+ issues.

7. Knowing someone who identifies as LGBT+ means that you are an ally.

8. If a friend 'comes out' to you as identifying as LGBT+ then they are hitting on you.

9. When LGBT+ people talk about their partner or do things such as holding hands or kissing in public they are flaunting their sexuality.

10. It's okay to say things such as 'You aren't a lesbian, you just haven't met the right man yet' because it's just a joke.

11. Under the Equality Act 2010 it is against the law to discriminate against someone because of their gender identity or sexual orientation.

12. If someone shouts abuse at you or calls you names because they think you identify as LGBT+ you can report them to the police.

Facts continuum – Answers

1. Disagree – Being gay or straight is generally not thought of as a choice. Most people describe it as part of who they are - just like having blue eyes or brown hair.

2. Disagree – Gender identity and sex are not the same thing. Gender identity is a person's internal sense of their own gender this can be male, female or something else. Sex is assigned at birth. Based on the person's primary sex characteristics (genitalia).

3. Agree – Same-sex couples have been legally allowed to marry in Scotland since 2014. In Stonewall School Report 2017 it was found that 3 in 5 young people (61 percent) have never been taught that same-sex couples can get married and have civil partnerships.

4. Disagree – The term bisexual refers to a person who is attracted to more than one gender, it is no more a phase than being straight is.

5. Agree – It is different for every individual – some people consider transitioning to have a definite end point while others do not. Some individuals have medical intervention such as hormone therapy and surgeries but not every Trans individual wants or can have this. Trans is an umbrella term to describe someone whose gender does not match the sex they were assigned at birth.

6. Agree – Section 28 was an amendment to the Local Government Act 1986. Enacted on the 24th May 1988 and repealed on the 21 June 2000 in Scotland. The amendment stated a local authority 'shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality' or 'promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship'.

7. Disagree – The word ally is used to describe someone who is supportive of those who identify as LGBT+. Being a good ally involves educating yourself, listening and challenging negative language and attitudes.

8. Disagree – If someone decides to 'come out' to you then they have a great deal of trust in you and want you to know them as a whole person. This does not mean that they are hitting on you, it is a sign they value you as a friend.

9. Disagree – These are normal things that most couples do. Many LGBT+ couples actually don't show affection to their partner in public due to the fear of judgement.

10. Disagree – It can be easy to make hurtful comments without realising the impact of what you are saying. Having such jokes made at you, or even overhearing them can have a massive impact on how you feel about yourself.

11. Agree – The Equality Act 2010 legally protects people from discrimination, setting out the different ways in which it's unlawful to treat someone. It covers discrimination at work, equal access to goods and services, education, access to public premises and associations/voluntary groups.

12. Agree – If someone has targeted you because of their prejudice of your perceived sexuality/identity then it is called a hate crime. A hate crime can include physical assault, intimidating or threatening behaviour, verbal abuse or insults including name calling, online bullying and abuse. If it is not an emergency then such behaviour can be reported by calling 101, visiting your local police station or filling in an online report form on the Police Scotland website.

Activity 19 - LGBT+ history

In this activity young people will have an opportunity to discuss key events and dates in the development of LGBT+ rights.

Rights are essential to ensuring that everyone has equal opportunity and the chance to succeed in life free from discrimination. Children's rights are a list of promises to children and young people to keep them safe. They are used to make sure you are treated fairly and looked after properly.

Aims
- To find out what participants already know about recent LGBT+ history
- To get students to explore the development of LGBT+ rights
- To explore duel stigma and the impact on LGBT+ and mental health in a rights-based context

Step 1: Exploring LGBT+ history
- Facilitator to discuss background and context of rights with participants (See Activity 12)
- Divide the participants into 2/4 groups
- Give each group a copy of the LGBT+ history statements and date cards
- Scenario – Participants have been given statements and dates that relate to key moments in relation to LGBT+ rights. You now need to match these statements to the dates and then put these in order. Before any decisions are made about which order these will be in take time to read all of the statements and consider what knowledge your group may have about the history of LGBT+ rights
- You have 10 min to put the statements in order
- Facilitator can read out the 'rights' to participants and explain any points if needed
- Once participants are finished the facilitator should hand out timeline with answers

Now ask participants to consider: How might rights for LGBT+ people have been affected without these changes? You can also use the participants' answers to generate discussion and debate. Was there a general consensus on what 'rights' came first? What would it feel like to live in a world where these changes never happened?

30 minutes

Materials needed:

LGBT+ history and timeline cards (Available in appendix)
Paper
Pens

20 minutes

Step 2: Review
- What was your experience with this activity?
- What was it like to see people having different opinions from you?
- Were there areas that made you feel uncomfortable?
- How did it feel to make a choice?
- Did you choose a certain response because you didn't want assumptions made?
- Were there things you wanted to say but you felt you couldn't?

10 minutes

Timeline – Answers

1969 – The stonewall riots in America – a series of spontaneous, violent demonstrations by members of the LGBT community against a police raid at the stonewall Inn, Manhattan. This is a key event which triggered modern LGBT liberation movement in the US and beyond.

1972 – The first Pride in the UK is held in London. Around 2000 gay men and women participated.

1980 – Sex between two men over the age of 21 'in private' decriminalised in Scotland.

1984 – First pre-watershed lesbian kiss shown on TV on Channel 4's soap opera 'Brookside'.

1988 – The UK Prime Minister, Margaret Thatcher, introduces section 28 of the local Government Act 1988. This stated that a local authority 'shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality' or 'promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship'.

1992 – WHO (World Health Organisation) declassifies same-sex attraction as a mental health condition.

1997 – Ellen DeGeneres came out. Ellen DeGeneres is an American comedian, television host, actress, writer, producer, and LGBT activist. She stared in the sitcom Ellen, hosted TV talk show, The Ellen DeGeneres Show, and is the voice of Dory in Disney movie 'Finding Nemo'.

2000 – Section 28 is abolished in Scotland but it is still in place in England, Wales and Northern Ireland.

2001 – The age of consent for gay men in Scotland was reduced to 16. 7 years after it had been lowered to 18. This means the age of consent is now the same for all people.

2002 – Same sex couples are given equal rights when it comes to adoption.

2003 – Section 28 is repealed in England, Wales and Northern Ireland.

2004 – Civil Partnership Act 2004. Civil partnership is a legal status similar to marriage but for two people of the same sex. It allows same sex couples to get legal recognition of their relationship.

2010 – Equality Act 2010. This includes protections of the rights of LGBTQI+ individuals.

2014 – Same sex marriage is legal! The Scottish Government passes legislation allowing same sex couples to marry in Scotland. The Marriage (Same Sex Couples) Act 2013 is passed and the first same sex marriage in England and Wales happen on the 29th March 2014.

2017 – Leaders of three of the largest political parties in Scotland are openly gay (Ruth Davidson - Conservative, Kezia Dugsdale - Labour, and Patrick Harvie - Green).

2017 – Star Trek aired its first gay kiss, 50 years after the franchise was first created.

Activity 20 - Social media

Social media has changed the way that young people connect with each other. Platforms such as Facebook, Twitter, Instagram and Snapchat are now used as a means of interacting and communicating with each other; connecting young people with friends, family, communities and strangers across the globe.

Whilst it is still unclear the exact effect this is having on the mental health and wellbeing of young people, recent studies have raised serious concerns about the possible negative effects the rise of frequent social media use is having on our young people – and in particular their mental health.

Before beginning these activities remind participants of the importance of keeping themselves and others safe. Make reference to Activity 1, 'creating a safe space.' For a refresher on what Stigma means you can make reference to Activity 7.

These sessions have been coproduced with students and teachers from Dumfries High School.

45 minutes

Materials needed:

Flipchart paper
Pens
Post it notes
Character Cards –
Activity 10

Aims
• To explore some of the positives and negatives of using social media
• To explore how stigma and discrimination can impact on an individuals mental health
• To think about how stigma and discrimination can occur through the use of social media

Step 1: Part 1 Pros and Cons
• Divide the participants into groups
• Ask each group to split their flipchart into 3 columns
• The facilitator should ask the groups to write Positive in the left column and Negative in the right column
• Ask participants to try and be specific about the platforms they use
• Remind participants that what they write down does not have to be their opinion; it could be things they have heard from peers or in the media

10 minutes

Step 2: Review
- Is there anything that you were surprised to see or feel are missing from the lists?
- Ask students what they see as the most current or latest challenges?
- Which platforms do they spend most time on?
- Do they feel social media could contribute to mental health stigma?

5 minutes

Step 3: Part 2 Our characters story
- Choose a set of Character Cards (from activity 10) for each group
- Give each group both cards for one Character and place them in the middle column of their flipchart paper
- Ask the groups to make up a story involving the Character and the Positive and Negative aspects of social media
- Ask each group to share who their Character is and the stories they have developed

20 minutes

Step 4: Review and discussion
- At what points did the character experience stigma?
- How might their situation affect their mental health?
- What advice or actions might you give them to manage their Social Media and improve the situation?

10 minutes

Social media Positive, Negative and Character Card example

Positives of social media	Character Story - Nic Card 1: Medical Student/Rock Climber Card 2: History of Depression/Transgender	Negatives of social media
• Keep in touch with friends • Arrange plans • Keep up with news • See what friends are up to • Can help businesses grow • Youtube – jobs • More accepting of other cultures • Help with school work • Opens up new opportunities • Join groups to talk about things you like	Nic is a med student and his friends are other students. Due to the stress and workload of his course he can't make it out often to see them, he uses social media to keep in touch. They have a group chat that he is part of on Snapchat. Nic recently came out as transgender and posted on Instagram to make people aware of his change. Unfortunately some people made hateful comments. This triggered Nic's depression which he had previously battled with. Nic felt isolated and became obsessed with following the group of friends on social media. He then noticed other people had been commenting inspiring messages of their own stories on his post. He no longer felt alone and was confident enough to join new groups at university. Nic has graduated med school and gained friends for life.	• Can make you feel isolated • Online bullying • Beauty standards • Stalkers • You can feel, and be, left out • Once something is online it's always there • Fake news • Catfish • Encourage hate speak • Becomes addictive

Activity 21 - What's on social media?

Social media has now been available for over 20 years and as such young people in Scotland have no experience of the world without this. Research suggests that 94% of teenagers have a social media account they use daily and just under half in the age range say comparing their life to others on social media makes them feel "inadequate". A third of young Scots worry they will never be as happy as the people they see on social media.

This activity is designed to support participants to consider the implications, benefits and challenges of engaging with social media. This session is a chance to have a conversation about the pressures and stress related to this which can affect mental health.

Before beginning the activity remind participants to keep safe and only share what they are comfortable with.

50 minutes

Materials needed:

What's on social media? and What's being consumed? worksheets
Flipchart and pens

Aims
• To encourage students to think about the impact of engaging with social media
• To support students to consider how they engage with social media and how this may affect mental health

Step 1: What's on social media?
• Facilitator to hand out 'What's on social media?' sheets to participants or alternatively small groups
• Participants are to use a phone or computer to look at the last 50 posts from one of their, or celebrities social media accounts. Those who don't post frequently can look at posts from different social media sites e.g. Facebook and Twitter
• The facilitator should emphasise that the participants should not write down information about their posts but they should count how many of their posts contain areas included in the 'What's on social media?' worksheet

15 minutes

Step 2: Review

• Do any of the posts surprise you?
• Do you think the posts are representative of who people are?
• What impression do you think young people's feeds give about mental health?
• Would you make any changes to what you are posting now?
• What sort of posts do you think would help tackle, or reinforce stigma?

10 minutes

Step 3: What's being consumed?

• Facilitator to hand out 'What's being consumed?' sheet to participants or alternatively small groups
• Participants are to use their phones to look at the last 50 posts in a feed
• The facilitator should emphasise that the participants should not write down information about their feeds but they should count how many contain areas included in the 'What's being consumed?' worksheet

15 minutes

Step 4: Review

• Do any of the things you see surprise you?
• Do you think a feed is representative of who someone is?
• Why do you think you see the same types of post?
• Could what you see on a feed impact your mental health or how you behave?
• How could mental health stigma be challenged?

10 minutes

It's important that young people understand that what appears is not chronological or 'organic'. Instead what happens is that the feed is shaped around a user's behaviour to show more of the content they interact with.

What's on social media?

- Look back at the last 50 posts you have made on a social media account.
- Don't write down any information about your posts just use tally marks.

What's on social media?	How many	Total
Selfie/ picture of yourself		
Picture of you with family/friends		
Offensive language		
Song lyrics/quotes		
Weather/news		
Positive/ happy		
TV/movies/Netflix		
Sport/hobbies		
Wouldn't want your parent/carer to see		
Wouldn't want a current or future employer to see		
About your crush, partner or ex		
Ranting/ venting/ complaining		
Disturbing or offensive images		
People you don't like/ in-directs/ subtweets		
You could add your own categories here		
You could add your own categories here		

MODULE 2: MENTAL HEALTH STIGMA AND DISCRIMINATION

What's being consumed?

- Look back at the last 50 posts on a social media feed.
- Don't write down any information about your posts just use tally marks.

What's being consumed?	How many	Total
Buzzfeed/Unilad etc		
News articles		
Friends statuses		
Funny videos		
Weather/news		
Positive/ happy quotes		
Negative/ angry quotes		
Sport/hobbies		
Reposted articles from friends		
People you don't like/ in-directs/ subtweets		
Beauty/looks		
Ranting/ venting/ complaining		
Disturbing or offensive images		
Memes		
Sponsored ads		
You could add your own categories here		
You could add your own categories here		

What's on your mind? Resource pack for teachers and students

Activity 22 - Case studies

Many people are not aware of the long term consequences that can arise from using social media. This can range from something relatively minor to areas that will impact the rest of the person's life including their education, career and family life.

We have included a selection of scenarios and questions that complement the previous social media activities. These can be used together or individually and facilitated through group work discussion, flipchart exercise or as a follow on from activities 20 and 21.

60 minutes

Materials needed:

Flipchart paper
Pens
Post it notes
Scenarios

Aims

- To explore some of the potential long term consequences of social media posts
- To consider how mental health stigma and discrimination can occur through social media

On the following pages you will find different scenarios related to social media. These scenarios come from real experiences that young people had.

Some countries including the UK, USA and Australian have started to hold people accountable for what they post and have brought criminal charges to individuals, including children and young people, for malicious content.

Scenario 1
Atta and WhatsApp

Your friend Atta is studying law at university and is in a group chat with some of the people who are on his course. Atta doesn't normally pay much attention to the chat, but he tells you that he has recently started to see things in it which are bothering him. He says that some of the things being said are racist and homophobic and he doesn't know what to do. A student in the chat screenshotted some of these comments and posted them on Facebook where they were shared over 2000 times.

- What is your first reaction to this? Do you think that this is acceptable behaviour?
- How do you think the situation may affect Atta's mental health?
- Is there stigma and discrimination in this situation?
- What impact do you think this may have on the mental health of the other people involved?
- Who can they ask for help?
- What advice or actions might you give them to manage their social media and improve the situation?

15 minutes

What really happened?

This scenario comes from a real situation where a group of law students had a WhatsApp group. The police were made aware of the situation and the students involved were suspended or excluded from university. One student had a job offer with a law firm withdrawn.

Comments that you make online and in private can be subject to the same laws and rules as what you say in person or in a public forum. Anything that is said which is inciting hatred towards a particular social group could be reported to the police. Some social groups have legal protections under equalities legislation in particular religion, race, gender, disability and sexual orientation.

Scenario 2
Jo and Notifications
One of your class mates Jo has started coming in to class appearing more and more tired. They used to be really chatty, but you've noticed they have become quieter. One day you are talking and they mention that they can't go anywhere without a phone - waking up at night to check it and constantly having it on loud worrying that they will miss messages.

• Do you think this is a common experience for young people?
• How do you think this situation may affect their mental health?
• How might your class mate experience stigma when asking for help?
• What advice would you offer to Jo?
• Who can Jo go to for help?

What really happened?
Young people have to manage their screen time and social media time responsibly. If time on screens starts to replace time with family and friends, time outside and exercise this can have a negative impact on mental health.

Each phone notification on social media can cause increased dopamine production and this has been shown in young people to create a similar 'hit' in brain chemistry as taking cocaine. The average age that a young person starts using mobile technology in the UK is around 6/7 years old. However, those working in the tech industry are not providing their children phones until around 14, and no access to data services until 16 years old. Screen time and having mobile phones in the bedroom can negatively affect sleep quality, and therefore may be detrimental to mental health and wellbeing.

15
minutes

Scenario 3
Jack and Gender

Your friend Jack is a transgender male and over the summer has updated his social media to reflect his gender identity, and asked friends and teachers to call him Jack. Some friends have told Jack they 'don't get it' and have stopped spending time with him. Some teachers at school have refused to call Jack by his preferred name and the school office has told him he can't change his name on the school registers because the system won't allow it.

Jack has been increasingly irritable and withdrawn and you've tried to ask him if he's ok and show support.
He has been off absent for a few days and you notice that he shared a status from another account that says:
'If no-one's listening then no-one will notice if I'm gone'.

- How do you think Jack's situation may affect his mental health?
- Is he experiencing stigma and discrimination? How?
- What do you think you might do when you see his post?
- What advice or actions might you give Jack to help?
- Who can he go to for help?

What really happened?

Posting something which is not clear but could be an indication of needing help, or saying that they may harm themselves is called 'Vaguebooking.' Many young people have stated this as a concern that they don't know how to deal with. Reassure your participants that they don't have to take responsibility for solving a person's problems. Asking someone about a status hinting at suicide or self-harm won't make someone worse – it shows them that you will listen and can help.

- If you think someone is at risk of harm you should call 999 and you will never get in trouble for doing this
- If you are worried about someone tell a trusted adult and ask for help and support

Transgender young people:
All children and young people have a legal right to be involved in any decisions affecting them – including their chosen name – and also have the right to be protected from discrimination, harm and abuse. You can find more information on rights in Activity 12. A name change can be carried out for young people who wish their name to reflect their gender identity. Guidance on how to amend systems such as SEEMIS can be accessed through LGBT Youth Scotland.

Scenario 4
Gary and DMs
Your friend Gary has recently split up with his girlfriend Sarah. He's been really down at school and you've seen him visibly upset. A group of boys noticed this and have been bullying him and telling him he's weak.

The boys have been direct messaging him on Instagram calling him names and then deleting the messages. Gary has tried to tell his pastoral care teacher who says the teasing is 'part of growing up' and he can't do anything if Gary doesn't have the messages.

Gary has stopped turning up to some classes and you notice he's started wearing long sleeve tops to P.E. and has left the football team. When you've tried to ask him how he's doing or suggest that you do something together he just says he's fine.

- How do you think Gary's situation may be affecting his mental health?
- Is he experiencing stigma and discrimination? How?
- What you might you do to support Gary or improve the situation?
- What advice would you give and what actions would you do to help Gary?
- Where can he go for help?

What really happened?
Threats and intimidation are not any more acceptable online than in person. Social media platforms have functions to report this and children and young people have a legal right to be protected from abuse – this includes online harassment. Additional information can be accessed through the Child Exploitation and Online Protection Centre (CEOP).

Young people have raised concern that on some platforms including Instagram someone can send a message and then delete it so that the there's no evidence that it has been sent. This can make it more difficult for a young person to feel confident about telling someone they are being harassed or bullied.

Gary's change of clothing could be an indication of self-harm – but it could also be an indication of a drop in confidence, or even just a fashion choice so it's important to talk to pupils about not jumping to conclusions.

The worlds first emoji-powered jukebox

Feels FM

Helping young people to talk about mental health using music

FEELS FM

Enter your emoji here

What's on your mind? Resource pack for teachers and students

How to run a Feels FM event

45 minutes

Aims
- Promote music as a positive coping strategy to deal with feelings
- Encourage young people to talk to others about mental health
- Encourage young people to share their views on what would make a difference for young people in Scotland to be able to talk about their feelings and get help

What is Feels FM?
'Feels FM' is an online emoji powered juke box, created to give young people a place where they can use music to express how they're feeling, encouraging them talk openly about mental health.

How do we do this?
This activity is designed to support you to have a conversation using an online platform young people have coproduced. This will focus on how young people feel, using emoji's and music and leading them on a journey to discuss young people's mental health, the stigma and discrimination they think exists and how to challenge this.

How does Feels FM work?
1) Go onto **feelsfm.co.uk**
2) Pick an emoji that represents how you currently feel
3) Feels FM will make a music playlist that reflects that feeling
4) Interact with the site:
- Tells us your views on mental health, stigma and discrimination
- Share your ideas for what would make a difference to young people's mental health in Scotland
- Encourage others to join the conversation Share Feels FM using #FeelsFM

Materials needed:

Computer/laptop/tablet which can access Feels FM (online)
Speakers or a computer loud enough to play your Feels FM playlist
Markers/pens for everyone taking part
Flipchart paper
A projector/screen where you can have the Feels FM site up for everyone to see
As an extra, you can also order Feels FM tip cards which can help young people to support each other, at **https://www.seemescotland.org/contact/**

Taking action and challenging stigma

Key learning points

- Positive coping strategies can help everyone maintain and enhance their mental health

- There are skills and strategies that we can learn to help us maintain good mental health

- We all have a responsibility to fight the stigma associated with mental health

Introduction

In order to create any type of lasting culture shift or behavioural change within the school it is essential to provide direct actions that the whole school can become involved with. These should give individual and collective responsibility for creating an agenda within the school to directly address mental health stigma and discrimination. Linking this to the Responsible Citizens area of the curriculum and the Children and Young People (Scotland) Act 2014 supports the impetus for change.

Mental health awareness raising activities ideas

Organise an event or activity:
One visible and interactive way to participate is by organising an event or activity in your school or community. Whether it's 5 or 500 people, you can help celebrate the day. Work with your youth organisation, school or See Me with some friends and/or colleagues to think about the type of event you want to have. From a discussion, to performance, online to offline, the possibilities are endless. Activities could include seminars, lectures and debates, or roundtable discussions between adults and young people to promote understanding and partnerships on the issue of how to overcome stigma surrounding mental health conditions.

Organise an exhibition: Get permission to use a public space for an art exhibition, which showcases the challenges facing young people today.

Concerts and festivals (music, dance, art, poetry): Invite your local musicians and combine it with a panel discussion or invite a politician to make a speech. Don't know how to start? Then start small! Book a room in your school or community centre. Come up with an idea for what you want to discuss or focus on during your event. Make some flyers, invite some speakers, and invite some friends/audience. That's an event!

Be an advocate

Another great way of helping bring about positive change is to be an advocate on the issue. You can influence policy and decisions at all levels by drawing awareness to the importance of the issue. Here are some ideas to get you started:

Engage the media: Speak out and take action to influence positive change. Some questions you could ask: Why do we need to talk more about youth and mental health? Who is directly and indirectly affected? How is this relevant to your community? What can be done to reduce stigma surrounding youth mental health?

Lobby your Government: How do you lobby your government? Start by writing a letter to your local MP, MSP or MSYP. Write to them about the challenges young people experience and to suggest solutions.

Conduct a survey: At school/college/work to determine public concerns in relation to youth mental health conditions.

Create an "info point": About youth mental health in the centre of town/village, at school, or at university. All you need is a table, some leaflets, or online materials, or your own voice to provide information. Be sure to make sure it's okay to set up something in the space first.

Spread the word: Not everyone knows a young person who is experiencing a mental health condition, nor do they know why it's such an important issue to discuss, reduce stigma around and raise awareness about.

Events and campaigns can be great ways of increasing knowledge and awareness of the issue, but sometimes, just having a discussion or informal chat amongst your friends, peers and family can be a simple yet powerful way to have an impact.

• Bring up the issue with your family and friends, ask them what their thoughts are – get the conversation started and keep it going.
• Share See Me online campaign materials with your friends on social networks like Facebook and Twitter. Get them to pin pictures and stories to our Pinterest accounts and send videos via Instagram or email.
• Distribute educational materials including leaflets and email alerts.
• Create petitions, campaigns and surveys to help you.

We have included an activity planning worksheet to help you start to think of and plan out an event.

See Me wants to know how you intend to do. Send us an email to **CYP@seemescotland.org** or reach out to us via Facebook and Twitter to let us know.

Pass the badge
The idea is simple: People wear a See Me badge for a day and then pass it on to someone else to wear for the next 24 hours. When people pass it on they share two facts that are on the back of the card which accompanies the badge: that 1 in 4 people will experience some form of mental health problem this year and of those who do, 9 out of 10 report experiencing stigma and discrimination.

The campaign was created by Richard Monaghan. Richard joined See Me and became a Community Champion, trained

to lead on tackling mental health stigma in his community. He knew that the best way to do that was to get out and speak to people and show that anyone can experience a mental health problem. However, he wanted his message to spread further than to just the people he spoke to. So he developed the Pass the Badge campaign.

How it works:
• Once you have your badges you can then pass them out to your group to keep the badges for 24 hours
• After 24 hours hand the badge on to someone else and share the facts – starting a conversation about mental health. You can give it to whoever you want, but whoever it is you have to tell them about mental health stigma. You could ask them if they know anyone with a mental health problem. Often we hear that people are embarrassed to speak about it, or to go and get help.

More information and badges can be provided from See Me by contacting Eleanor or Richard at:
eleanor.ogilvie@seemescotland.org
richard.monaghan@seemescotland.org

Walk a Mile
The idea of Walk a Mile is to bring together people from different backgrounds and groups, who don't always communicate and may stigmatise each other, to help break down any barriers that exist. Professionals, carers, people with and without first-hand experience of mental health problems, young and old, come together to walk a mile together. It's a safe space for people to share stories and get the chance to see each other as they really are, not as the labels they may have.

There will be no uniforms, no barriers, everyone will be on a level playing field;

it's all about breaking down stigma and rediscovering how fabulous people are. Walk a Mile has been developed by Chris McCullough Young and See Me, Scotland's programme to end mental health stigma. Now Chris is setting up a series of events where people who don't normally mix will share a social space.

Since being diagnosed with Borderline Personality Disorder in 2011, Chris has been walking around the country, with no money, only his mini trailer 'Hubert' and his rucksack 'Darth 2', speaking to everyone he meets about mental health, to change the way people think and behave 'one conversation at a time'.

How it works:
If you're as enthusiastic about challenging mental health stigma as we are then you might want to put on your own Walk a Mile event. That's why we've put together an events pack complete with tips, posters and flyers to get you started: see **letswalkamile.org/get-involved** or find a list of prearranged walks to join at **letswalkamile.org**.

Linking learning

This pack has been designed as a standalone resource, meaning that it can be used without input from any other sources, but it can be linked in with many awards and recognition programmes. For more information on these please see the following links:

Scottish Peer Education Network
spen.org.uk
Welcome to SPEN, a group of peer education charities and other organisations who work with young people and adults on all kinds of issues, from sexual health to illegal highs. We promote the spread of projects throughout Scotland, and our members work all across the country, from Edinburgh to Shetland and everywhere in between. Our dedicated SPEN Officer provides members with toolkits and resources, training and free consultations and advice. We also organise educational events and networking meetings throughout the year, and we would love to have you along.

Saltire Awards
saltireawards.org.uk
Saltire Awards are the Scottish awards designed to formally recognise the commitment and contribution of youth volunteering to voluntary organisations. Supported by the Scottish Government, the Saltire Awards enable young volunteers to record the skills, experience and learning gained through successful volunteering placements provided by local and national voluntary agencies.

Challenging stigma – Activity planning worksheet

This worksheet is designed to help you consider all the aspects you need to think about when planning an activity. What do you want people to know, figure out, experience, and be able to do as a result of the activity?

Planning
What do you already know?
What new knowledge and/or skills do you want to leave with?

The five Ws
You also need to think about the five Ws – Who, What, Where, When and Why?

Ask questions...	Things to consider	
Who	Who are the people you want to involve? How do they feel about the subject?	Know who your target audience is
What	What do you want to get out of meeting these individuals?	Will they get something out of it too?
Where	Where is the best place to arrange to meet people?	Is it accessible? Best location for young people? Do you need to provide materials?
When	How much time is available?	How long should activities be?
Why	Why do you want to change what these people think?	Where will the information go and what will they do with it?
How	How will you deliver the information?	Have you planned what you are going to do? How will you provide the information? Videos/worksheets?

Student involvement

It's easier to be effective and reach your goals if you understand the aims and concerns of others in your community, both the decision makers and those living with mental health conditions. It can help to:

• Find out more about the important issues identified by young people
• Encourage young people to become more informed so they can develop ideas and become advocates in their own care
• Encourage young people to empathise with others' agendas
• Help young people understand how to state their case clearly and negotiate support

Before setting out with the peer support work involving young people, it is important to:

• Understand why you want to work this way
• Recognise that young people are interested in their care, have the right to form groups and to participate in beneficial activities
• Remember that young people may have a different agenda to yours, so it's necessary to consult with them, to identify and prioritise issues together.
• Build relationships with young people and negotiate ground rules which will ultimately help you and them to achieve longer term aims
• Ensure safe working practices for all participants

Acting together can make for a stronger case and ensure that work undertaken is relevant and applicable to meet current needs. You can also share the work and resources available and ensure a wider reach through peer support work within the school.

There are a variety of ways that you can involve young people in the process ranging from students creating signposting areas, to 'safe places' – a designated space where individuals can go when they are experiencing distress – or integrating buddying and mentoring systems within the school to deliver elements of the pack to younger students.

> **"Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has."**
> Margaret Mead

Appendix

Signposting

Finding mental health information and support online can be difficult. Where do you start? We have worked alongside young people and professionals to identify resources to support mental wellbeing for young people. We have gathered a range of examples for you to explore.

We do not endorse or recommend particular resources – being featured does not imply proof of effectiveness. We encourage you to carefully explore resources before you use them.

The Samaritans
Confidential support service open 24 hours a day, 7 days a week.
Call: **08457 90 90 90** (local rate)

ChildLine
Get help and advice about a wide range of issues, talk to a counsellor online.
Call: **0800 1111**
www.chidline.org.uk

Breathing Space
Advice and support if you need someone to talk to. Their phone line is open 6pm-2am on Monday to Thursday and 6pm-6am on Friday to Monday.
Call for free on **0800 83 85 87**
breathingspace.scot

Beat
UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape. The Beat Youthline is open to anyone under 25.
Youthline: **0345 634 7650**
b-eat.co.uk

Aye Mind
Making a digital toolkit for all who work with young people, to boost their ability to promote youth wellbeing.
ayemind.com

Young Scot
Information on a range of topics including mental health.
Call: **0808 801 0338**
www.youngscot.org

7 Cups of Tea
An online emotional health and wellbeing service.
www.7cupsoftea.com

LGBT Youth Scotland
Here to help support lesbian, gay, bisexual and transgender young people.
Call: **0131 555 3940**
Text: **07786 202 370**
www.lgbtyouth.org.uk
Email: **info@lgbtyouth.org.uk**

Stonewall
Stonewall campaigns for the equality of lesbian, gay, bisexual and trans people across Britain.
www.stonewall.org.uk

SAMH
SAMH is the Scottish Association for Mental Health. SAMH believe there is no health without mental health. We're here to provide help, information and support.
www.samh.org.uk

See Me
See Me is Scotland's programme to tackle mental health stigma and discrimination.
www.seemescotland.org

You can also contact **NHS 24** on **08454 24 24 24** if you need to a trained professional at any time of any day or night.

Local signposting

Organisation:
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Topic addressed:
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Main contact details:
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Key support resources

On Edge

On Edge is a resource pack for teachers and other practitioners working with young people. It comprises 4 lesson plans designed to give pupils a rounded view of self-harm and the support available. Self-harm among young people is a significant and growing public health problem.

On average 2 teenagers in every secondary school classroom will have hurt themselves in response to the pressure of growing up in an increasingly complex and challenging world. On Edge aims to tackle the myths that surround self-harm, reduce the stigma associated with it by increasing understanding of its function, reduce the barriers to help seeking by raising awareness of support and promote a consistent humane response to a behaviour which is the manifestation of distress. The resource was developed by NHS Greater Glasgow and Clyde, is widely used and is aimed at S2 pupils and above. Download the pack, detailed lesson plans (based on Curriculum for Excellence Level 3 Experiences and Outcomes), PowerPoint presentations and video.
www.seemescotland.org/young-people/ working-with-young-people/on-edge/

Resilience

This information and interactive session will raise awareness of the resilience toolkit. The toolkit aims to support staff to develop resilience in young people and increase young people's awareness of what resilience is. This allows for participants to use the toolkit following the session. Enquiries can be directed to: Michelle Guthrie, Health Improvement Senior, Email: **michelle.guthrie@ggc.scot.nhs.uk** Tel: **0141 232 8095**/Mobile: **07747568372**

Respectme

Scotland's anti-bullying service was launched in March 2007. The service is fully funded by the Scottish Government and is managed by SAMH (Scottish Association for Mental Health) in partnership with LGBT Youth Scotland.

Our vision is of a respecting, just, equal and inclusive Scotland in which all children and young people can live free from bullying and harassment and are encouraged to reach their full potential. Our work is driven by a focus on children's rights. We work with all adults involved in the lives of children and young people to give them the practical skills and confidence to deal with children who are bullied and those who bully others. We aim to build the capacity of these adults to effect change and challenge bullying and stigma at an individual, school, family, community and societal level. We also campaign at a national level to raise awareness of the service and the impact that bullying can have.

Information on Respect Me can be found at **www.respectme.org.uk/index.html**

Scottish Mental Health First Aid

Mental Health First Aid (MHFA) was first developed in Australia by Betty Kitchener and her husband Professor Anthony Jorm. Like most brilliant ideas it came about in a very ordinary way. Betty and Tony were walking their dog one day when they realised that there was no mental health equivalent of physical first aid. This germ of an idea led to an internationally recognised programme of simple steps that can be used to help a person in distress.

More information on accessing training and courses on SMHFA can be found at **www.smhfa.com**

Children and Young People's Commissioner Scotland

A core principle of the United Nations Convention on the Rights of the Child (UNCRC) is a commitment to ensuring that children and young people have the opportunity to participate in the decisions that affect them, and to be active agents in their own lives. It is therefore the right of all children and young people to be accepted at every level of society as legitimate contributors to political debate and influence. As the office of the Children and Young People's Commissioner Scotland, our vision is that all children and young people in Scotland should be able to understand, experience and exercise their rights.

Our statement on Rights and Participation sets out why we believe it is so important that:
- Children and young people are able to contribute to and participate fully in decisions affecting them
- Adults recognise the value of involving children and young people in decision-making, and are skilled in enabling them to do so

www.cypcs.org.uk

Choices for Life

Choices for Life is a Police Scotland initiative aimed at raising awareness amongst young people aged 11-18, about the dangers of smoking, alcohol and drugs as well as online safety and advice on how to deal with negative peer pressure. All resources are accessible for free from **young.scot/choices-for-life/**

Seasons for Growth – Children & Young People's Programme

Seasons for Growth aims to build the resilience of children and young people who are dealing with significant loss or change. The death of a loved one, parental divorce or separation, the experience and aftermath of natural disaster, moving house or school... big changes like these can cause confronting and confusing emotions. Seasons for Growth helps children and young people to develop the language needed to express their feelings, and gives them a safe place to talk about them.

www.seasonsforgrowth.org.uk

CEOP Command

The NCA's CEOP Command (formerly the Child Exploitation and Online Protection Centre) works with child protection partners across the UK and overseas to identify the main threats to children and coordinates activity against these threats to bring offenders to account. We provide a series of free knowledge sharing events and resources aimed at professionals with a responsibility to safeguard children from child sex offenders. The CEOP Command's Thinkuknow programme provides resources, training and support for professionals who work directly with children and young people. Our films, learning activities and other resources are developed in response to intelligence from child protection experts within the CEOP Command.

All resources are downloadable for free once users have registered to the site.
www.thinkuknow.co.uk/Teachers
www.ceop.police.uk

Anxiety

Anxiety plays a part in everyone's life. Many everyday situations can cause stress and anxiety, such as sitting exams, work deadlines or worrying about our health.

It can become a mental health problem when these feelings become overwhelming and have a significant impact on people's day to day lives.

The cause of someone's anxiety can sometimes be pinpointed to a specific event, however it can also be down to a number of factors which build up without a person realising.

Anxiety can also be a symptom of other mental health problems. Anxiety can make you feel on edge, unable to concentrate, fearful, irritable; like you have lost control or that you are going to die. The distressing nature of these symptoms means that when they occur it can be very hard to focus on or be aware of anything else. Being in a state of anxiety increases adrenalin levels, heightening the intensity of the experience.

Common experiences of Anxiety:
• Difficulty breathing, or hyperventilating
• Increased heart rate
• Sickness
• Tight chest
• Dry mouth
• Headaches
• Strange pains/sensations in different areas of the body
• Feeling emotionally numb or dissociated

Personal stories

"During my time at university I suffered from anxiety, which left me unable to complete my work a lot of the time, I was always handing work in late. I don't feel that I had much support from the university."

"My advisor of studies was fantastic, he really helped me when it was all too much. However I feel that some of the lecturers on the course just thought I couldn't cope with the work, and didn't really give me a chance."

Heather McCartney

More information
Anxiety UK
www.anxietyuk.org.uk

Moodjuice
www.moodjuice.scot.nhs.uk

Depression

Depression is one of the most common mental health problems, with 1 in 5 people in Scotland diagnosed with the illness at some point in their lives.

It is different from feeling down or unhappy, as the feelings associated with depression are often far more intense and can stay with people for extended periods of time.

Depression affects people in different ways, but commonly leads to feelings of hopelessness, helplessness, anxiety and negativity.

Mild depression doesn't stop people from leading normal lives, but makes everything feel more difficult. At its most extreme depression can be life threatening if it causes people to feel suicidal.

Common experiences of Depression:
- Lack of energy and concentration
- Feeling low, sad
- Lack of feelings
- Feeling worthless
- Disrupted sleep e.g. insomnia, sleeping for long periods
- Feeling distant/isolated from people

Personal stories

"I've lived with clinical depression for about 15 years and the reason I know that depression is so misunderstood is that the most common reaction I get from people is...You're a beautiful girl with a great job, a lovely home and a fantastic family - what do you have to be depressed about?"

"People still seem to think that depression is a choice and not an illness just like any physical one."

"There still exists so much prejudice and stigma around depression despite it being so common. So it's important that we keep talking about it and showing that ALL kinds of people can get depression - again just like any physical illness."

Tracey King

More information
Action on Depression
www.actionondepression.org

Breathing Space
breathingspace.scot

Depression Alliance
www.depressionalliance.org

Eating Disorders

Most people think about what they eat and varying and experimenting with diets is not uncommon. Eating Disorders occur when people's eating habits begin to threaten their health or influence day to day decisions.

Eating Disorders can happen to anyone and for a variety of reasons, including stress, low self-esteem and emotional problems. These can lead to people making choices about food which damage their health.

Although anyone can experience an eating disorder, certain factors can make people more likely to be at risk, including having an obsessive personality, experiences of abuse, a family history of eating disorders or experiencing stressful situations.

Eating disorders can occur as food is something that people can control, during times when they may feel they don't have control over other aspects of their life.

Common Eating Disorders include Anorexia, Bulimia Nervosa, Binge Eating Disorder and Other Specified Feeding and Eating Disorder [OSFED].
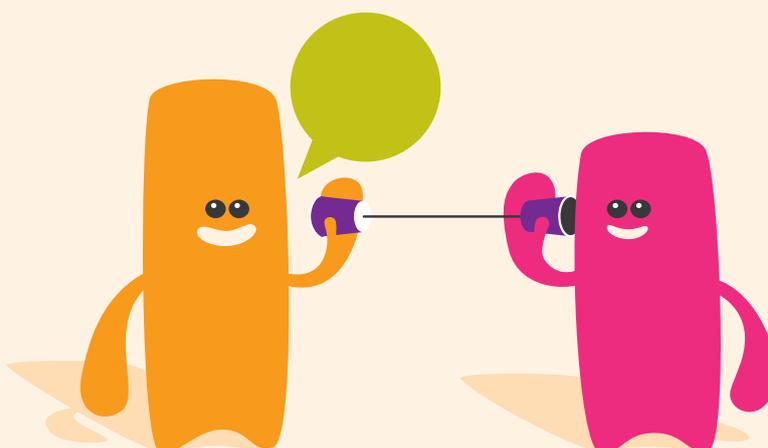
Common experiences of eating disorders:
- Worrying about losing control over what you're eating
- Controlling personal eating habits to the extent they impact on your family and social life, work and studies – what you would call your normal life activities
- Being secretive about food and eating
- Losing or gaining a significant amount of weight in a three month period
- Skewed body image, for example believing you're fat, despite evidence to show otherwise
- Rigid rules around food and eating and what would be considered odd behaviours around food, for example only eating at certain times
- Binging on and purging food, for example through vomiting, exercising or using laxatives

Personal stories

"I once had a psychology lecturer at university describe anorexics as 'vain wee lassies obsessed with their appearance'. I've had an eating disorder for over 15 years and I can tell you that it is absolutely nothing to do with my looks, and absolutely everything to do with me believing that it's the only control I have in my life. His ignorance and prejudice triggered my disorder once again and made me realise that even psychology professionals can need re-educating about mental illness."

Tracey King

More information
B-EAT
www.b-eat.co.uk

NHS Choices
www.nhs.uk/Conditions/Eating-disorders

Personality Disorders

Personality Disorders affect how people think and behave, making it difficult to lead a normal life.

Everyone has a personality, made up of thoughts, feelings and behaviours. While these vary in different situations, the way people act tends to follow patterns.

People with Personality Disorders can find that their emotions, beliefs, attitudes and behaviours are different to most people. This makes it more difficult for them to cope with everyday life.

People with Personality Disorders experience these difficulties in all aspects of their life and can find their beliefs and attitudes different to people around them.

There is a common misconception that people with Personality Disorders are dangerous, but this is not true. They are more likely to harm themselves than someone else.

There are many different types of personality disorder; although none are the same, some common experiences of disorders include:
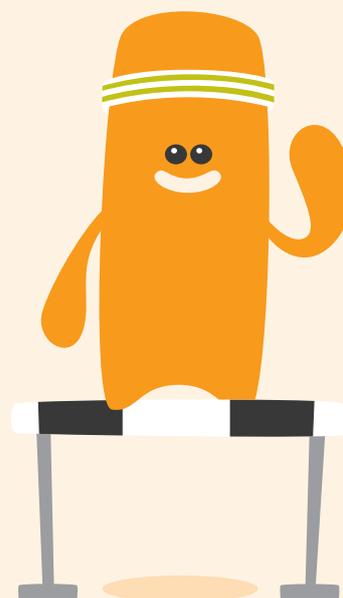• Being overwhelmed with negative feelings
• Avoiding people
• Feeling emotionally disconnected
• Difficulty in managing negative feelings
• Difficulty forming and keeping stable close relationships

Personality Disorders

Personal stories

"Personality Disorders are very misunderstood. I have Borderline Personality Disorder and I feel the stigma of this disorder comes from the misleading name, people hear the name and make the wrong assumption."

"I also think the stigma comes partly from the misleading character portrayals in movies. If you Google BPD in movies, you will get a list of films with the role of BPD in the main character. All of these characters are violent, manipulative and most are serial killers, it does nothing for the stigma. With the condition being focussed around emotional issues, discrimination can deeply affect sufferers of BPD by affecting them more emotionally than normal."

Danny Kilcullen

More information
Mind
www.mind.org.uk/information-support/types-of-mental-health-problems/personality-disorders/#.VLZY-k0qXcs

Mental Health Foundation
www.mentalhealth.org.uk/help-information/mental-health-a-z/P/personality-disorders

Panic Disorders

Panic attacks are sudden attacks of extreme anxiety that give people intense feelings of fear, stress or excitement.

The attacks are often triggered by anxious or stressful situations. Most panic attacks last between 5 and 20 minutes.

People experiencing a panic attack can feel as if they are going to die, are losing control or are having a heart attack.

Despite how physically frightening and real these symptoms feel, they are caused by mental trauma so it can be possible for people to control their anxiety to a degree. You can learn techniques to help regulate thought patterns, understand that symptoms will pass, and look at methods that can help reduce personal triggers.
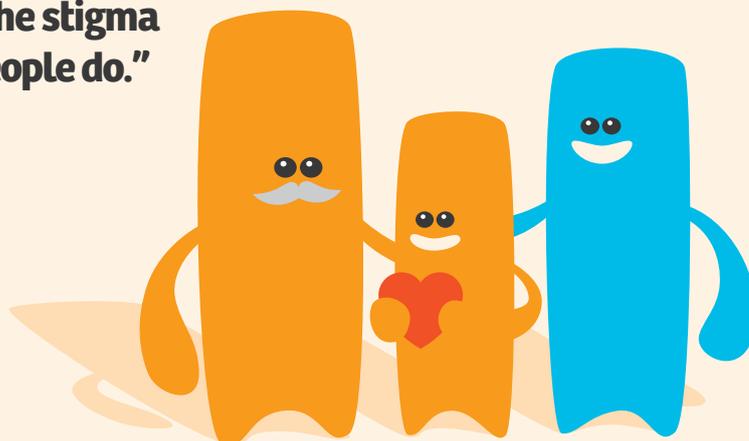
Common experiences of Panic Attacks:
- Rapid breathing
- Physical shakes, tremors or palpations
- Breaking out in chills or sweats
- Feeling sick, faint or dizzy
- Muscle cramps
- Difficulty swallowing, or feeling a large uncomfortable lump in your throat
- Racing heart

Personal stories

"When I first experienced an anxiety attack
I didn't know what was happening,
I just collapsed on the floor, started to
hyperventilate violently and was sure I was
about to die. My life turned upside down
over the space of a weekend, I was having
panic attacks every half hour, I couldn't
relate to anyone I knew. My friends,
family, GP and employer were incredibly
supportive and active in helping me to
understand and cope with my anxiety.
I can't begin to imagine how I would have
coped if I had encountered the stigma
relating to it that so many people do."

Luke Arthur

More information
NHS Choices
**www.nhs.uk/conditions/stress-anxiety-depression/
pages/understanding-panic-attacks.aspx**

Mind
**www.mind.org.uk/information-support/types-
of-mental-health-problems/anxiety-and-panic-
attacks/about-anxiety-and-panic-attacks/?o=6272#.
VLZ5Vk2zXcs**

Psychosis/Psychotic Experiences

People experiencing Psychosis may see or hear things that other people do not. They may perceive things differently or hold beliefs not shared by other people.

Psychosis is not a condition itself, but a set of symptoms. People experiencing these symptoms will often be unaware they are thinking or acting differently. There are two main symptoms people having a psychotic episode may experience: hallucinations which could include hearing voices or seeing things others don't, and delusions, believing things that are not rational. People who are experiencing psychosis do not feel that they are hallucinating at the time. Although psychosis is often triggered by other mental health conditions, a psychotic episode can happen to anyone.

Schizophrenia is a complex mental health problem. It affects 1 in 100 people with individuals experiencing psychosis as a result of the onset of symptoms; these affect how a person behaves, thinks and feels. It can be a distressing illness which disrupts how people understand and interpret the outside world. The illness is one of the most misunderstood and stigmatised there is. There is a common misconception that people with schizophrenia have split personalities and are violent and dangerous. This is not accurate.

The causes of schizophrenia are unknown, but are thought to be associated with changes in some brain chemicals. Schizophrenia like other mental health conditions can be managed with medication and the support of medical professionals.

Experiences of Psychosis:
• Hallucinations
• Hearing things that others can't
• Seeing things that are not actually there
• Smelling things that others can't
• Tasting things that aren't there

Delusions:
• Believing that people are trying to harm you
• Believing you're being spied on

More information
Rethink
**www.rethink.org/diagnosis-treatment/conditions/
psychosis**

NHS Choices
www.nhs.uk/Conditions/Psychosis

Royal College of Psychiatrists
**www.rcpsych.ac.uk/healthadvice/problemsdisorders/
schizophrenia.aspx**

Support in Mind
www.supportinmindscotland.org.uk

Self-harm

Self-harm is commonly considered a physical response to a type of emotional pain.

It can be used as a method to cope with difficult feelings, distressing situations or overwhelming experiences. It can also be a way of feeling able to control discomfort or relieve tension.

There are many ways a person can self-harm, which can include common forms such as cutting, but also take other forms, such as abusing substances, self-punishment or deliberately neglecting one's needs.

Self-harm can happen at any age, but is most common in people aged 11-25. Self-harm is not about attention seeking and is often done in private.

It can also be associated with other disorders, such as schizophrenia, Bipolar Disorder etc, as a coping mechanism to deal with the associated overwhelming emotions.

When helping someone who has self-harmed it can be more useful to explore how they are feeling, rather than what they have done to themselves.

Common reasons people may self-harm:
• Feeling isolated
• Academic pressures
• Family problems
• Being bullied
• Low self esteem
• Money worries
• Dealing with experiences of trauma

Personal stories

"I genuinely feel that discrimination against mental health difficulties is improving. However, the stigma faced by people who self-harm is still high. I began self-harming when I was 16, following a traumatic event in my life. It was a coping mechanism, that, at the time, helped me to feel relief and comfort from feelings I couldn't possibly process. Stigma stopped me getting help, and if people's attitudes were different, I might have got help sooner."

"I no longer self-harm, but that doesn't mean I am free of judgement, the scars left on your body cause people to make assumptions about you. Therefore as best I can I still hide them. Maybe when stigma changes, that'll change."

Anonymous

More information
National Self Harm Network
www.nshn.co.uk

Young Minds
**www.youngminds.org.uk/for_children_young_people/
whats_worrying_you/self-harm**

Suicide

People who are experiencing suicidal thoughts are often so overwhelmed with negative feelings that it seems like they have no option but to end their life.

Often there is no one main reason which leads someone to take their own life, but rather it can be the result of a number of problems building up which there seems to be no way to cope with.

Suicidal feelings can be terrifying and painful for the person who is experiencing them.

The best thing to do if someone is feeling this way is to talk about it. A common fear is that by asking someone if they are feeling suicidal, you are planting this idea in their head. If they are not thinking about suicide, you asking them will not change this. Speaking openly can help people to see things more clearly, and can be the first step to seeking help.

People with mental health problems are at higher risk of suicide, as are men, people who are unemployed, people living in poverty or in poor social conditions or those who misuse drugs and alcohol.

Signs to look for:
It can be difficult to identify people who are suffering from the emotional distress that can lead to suicide. However there are signs to look out for if someone is at risk:
• Finding it hard to cope
• Withdrawing from friends and family
• Not taking care of themselves
• A loss of self-worth
• Appearing more tearful
• Not wanting to be with people

Personal stories

"Phil [my son] suffered discrimination nearly every day. He had terrible depression and dealt with it by self-medicating, he was called an alkie, a junkie, a waste of space. It makes me weep to think how my lovely, gentle, clever boy suffered."

"After losing Phil people would avoid me and those who didn't certainly did not want to talk about Phil's suicide. They did not want to talk about it and talking was the one thing I wanted to do."

Moureen Leitch

More information
Samaritans
www.samaritans.org
Call: 08457 90 90 90
Text: 07725 90 90 90

Choose Life
www.chooselife.net

SAMH
www.samh.org.uk/media/125564/after_a_suicide.pdf

Breathing Space
breathingspace.scot

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder (OCD) is an anxiety-related illness which involves distressing and repetitive thoughts and behaviours.

The illness can be broken down into three parts: the thoughts that make people anxious (obsessions), the anxiety people feel and the things that people do to reduce their anxiety (compulsions). A common example involves people cleaning compulsively to reduce the anxiety caused by obsessive fears of germs and disease.

Most people have certain ways of doing things, or have worries about things. However people experiencing OCD can find their obsessions and compulsions to be debilitating – they can take over their life and are always felt as unpleasant demands or burdens.

Common experiences of OCD;
• Fear of contamination
• Fear of causing harm to someone else
• Fear of behaving unacceptably
• Need for symmetry or exactness

Personal stories

"I find the stigma I experience in relation to living with OCD comes in the form of a damaging misconception of what the illness actually is. Statements like 'I am so OCD about that' have in fact become part of everyday discourse and have framed OCD as a quirky frivolous personality trait often used in the context of humour. The truth is OCD is a very serious illness and can be so debilitating and disabling."

"Making light of OCD as an illness is very harmful and often deters people from seeking the help they need. People need to know they are not alone and more importantly with the right help and support people can and do recover."

Christine Muir

SUPPORT

RECOVERY

THERAPY

More information
OCD Action
www.ocdaction.org.uk

OCD UK
www.ocduk.org

Bipolar Disorder

Bipolar Disorder is a serious mood disorder where someone experiences extreme highs and lows.

People with Bipolar are likely to experience both depressive and manic moods, however it affects everyone differently. Some people may experience more depressive moods than manic, and vice versa. These moods are known as 'cycles'. People can experience less extreme moods in between cycles.

Rapid cycling is when someone constantly switches from one extreme to another on a regular basis. It affects 10-20% of people with Bipolar Disorder and can be extremely stressful for the individual experiencing it.

People can have a mixed state where they experience elements of both a depressive and manic state.

Common experiences of Bipolar Disorder:
Depressive cycles
- Lack of energy fulfilling daily tasks
- Loss of interest in everyday activities
- Feeling empty and worthless
- Withdrawing from others
- Suicidal feelings

Manic cycles
- Talking very quickly
- Easily irritated
- Easily distracted
- Excessive energy
- Feelings of self-importance
- Not eating or sleeping for long periods

Bipolar Disorder

Personal stories

"Living with Bipolar has had its highs and lows. For the first 12 years I was on another planet, extremely isolated, people would stare at me, knowing that I was 'different'. I tried unsuccessfully to hold down jobs, but with my history of severe and enduring mental illness I couldn't maintain any track record to sustain me in work. That is the greatest stigma of all. I felt ostracised like I didn't fit in anywhere. I lost my identity completely."

"It was moving to Glasgow that gave me back my life eventually and speaking out in 2002 publicly about my journey opened up the gates for others to follow. Now that is my purpose."

Pru Davies

IT'S GOOD TO TALK

More information
Bipolar Scotland
www.bipolarscotland.org.uk

Bipolar UK
www.bipolaruk.org.uk

The National Institute for Health and Care Excellence (NICE)
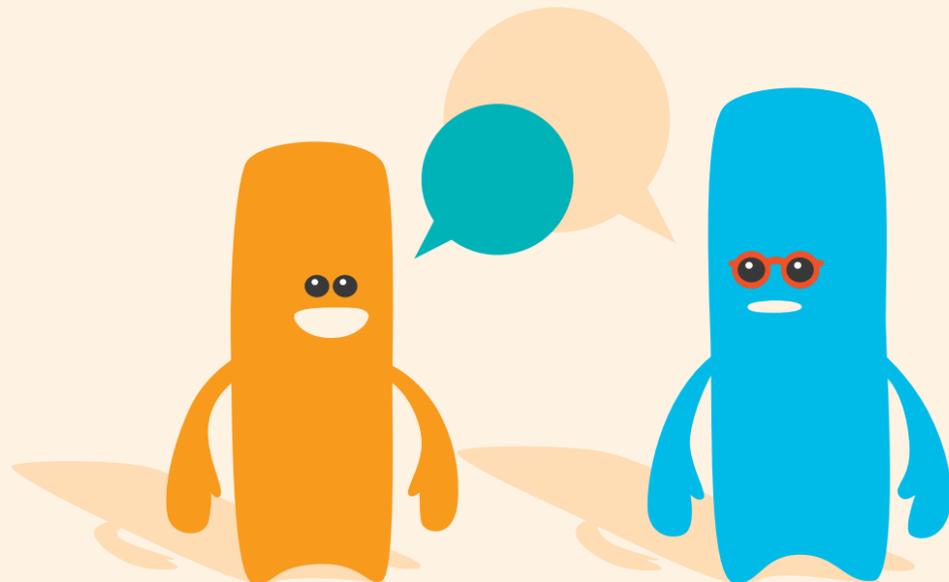**www.nice.org.uk/Guidance/CG38**

How to start a conversation...

Starting a conversation about mental health can be difficult. However, the more frequently we discuss mental health as part of everyday conversation the closer we are to challenging the stigma and discrimination surrounding it and ensuring everyone is able to access the help and support they need.

It's possible to support a young person to address a mental health concern while staying within the boundaries of your role. This simple flow chart is designed to provide the first few steps to asking a young person openly about their mental health and wellbeing.
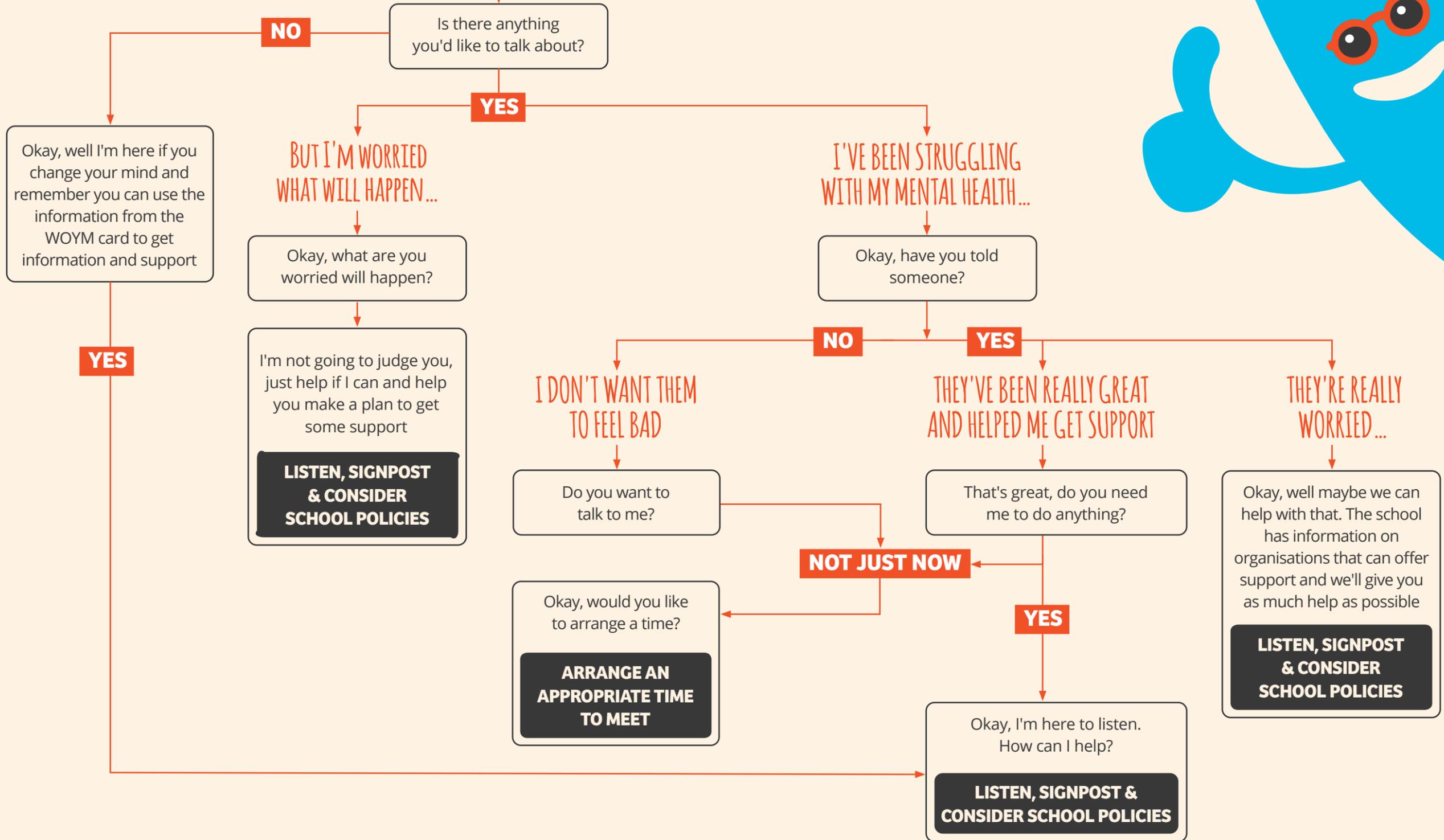
Advice from young people:
- Be open-minded, supportive, understanding and informed
- Make time and space to listen and support the child or young person
- Be empathetic and never dismissive
- Try to incorporate mental health into everyday conversation or classes
- Actively listen to the individual – don't just see the issue – respond rather than reacting
- Undertake CPD and work to gain skills and knowledge on support and services available
- Know about young people's rights and promote them
- Be non-judgemental when a young person approaches you
- Recognise and acknowledge how difficult it was for the child or young person to speak out
- Be clear about what you can and need to do within your role
- Ask about any 'needs' the child or young person may have
- Don't try to 'fix' the person

Are you okay?

I'M HAVING A HARD TIME JUST NOW

SPEAKING OUT ABOUT MENTAL HEALTH CAN BE CHALLENGING FOR ANYONE, SO... REMEMBER TO PROVIDE REASSURANCE.

Is there anything you'd like to talk about?

NO

YES

Okay, well I'm here if you change your mind and remember you can use the information from the WOYM card to get information and support

YES

BUT I'M WORRIED WHAT WILL HAPPEN...

Okay, what are you worried will happen?

I'm not going to judge you, just help if I can and help you make a plan to get some support

LISTEN, SIGNPOST & CONSIDER SCHOOL POLICIES

I'VE BEEN STRUGGLING WITH MY MENTAL HEALTH...

Okay, have you told someone?

NO   **YES**

I DON'T WANT THEM TO FEEL BAD

Do you want to talk to me?

NOT JUST NOW

Okay, would you like to arrange a time?

ARRANGE AN APPROPRIATE TIME TO MEET

THEY'VE BEEN REALLY GREAT AND HELPED ME GET SUPPORT

That's great, do you need me to do anything?

YES

THEY'RE REALLY WORRIED...

Okay, well maybe we can help with that. The school has information on organisations that can offer support and we'll give you as much help as possible

LISTEN, SIGNPOST & CONSIDER SCHOOL POLICIES

Okay, I'm here to listen. How can I help?

LISTEN, SIGNPOST & CONSIDER SCHOOL POLICIES

What's on your mind? Resource pack for teachers and students

What's on your mind? Resource pack for teachers and students