System-Wide Intersectional Approach to Tackle Mental Health Stigma and Discrimination

See Me
End mental health discrimination



Evidence to action tool

seemescotland.org

Who is this tool for?

The suggested audience for this tool is broad but it is designed with organisation-wide change in mind. We believe anyone making decisions about laws, budgets, policies, services, practice change, or interacting with people requiring support for any aspect of their life from mental health services to employability can take multi-level, intersectional anti-stigma actions.

The Tool is designed to be used alongside See Me's Intersectional Stigma and Mental Health Workshop and Self-Reflection Tool. It is not positioned as a tool for advocating for the need for an intersectional approach; the Tool starts from the assumption that the person using it is already motivated by social justice.

Please practice self-compassion, care and sensitivity for yourself and colleagues whilst working through the tool. The case studies in the support workshop contain LGBTQIA+ and racialised experiences of stigma and discrimination, and contain mention of suicidal ideation and attempts. **For support, please see https://www.seemescotland.org/urgent-help**

There may well be some areas you have a lot of knowledge about, due to lived, living or other experience and education. Where you feel you have less experience, you can focus your efforts to increase your skills**,** knowledge and confidence.

Confronting institutional barriers

Creating the conditions for anti-stigma approaches means taking action across the institution. Your ability to make and advocate for change, and to confront barriers to change will depend on your position in the institution. Challenging stigma and disclosing discrimination must be safe for staff to do. Ask yourself where and how you as an individual can make change happen.

The evidence base - an overview

The global evidence base on what works to tackle stigma and discrimination related to mental ill health continually highlights the key role people with lived experience (PWLE) play as leading 'agents of change' in interventions (Thornicroft et al. 2022; WHO, 2024) at all levels (Structural, Cultural, Institutional, Personal - SCIP) (Pérez Portilla, 2016). Any intervention should therefore include lived experience leadership, inclusive collaboration and meaningful engagement throughout and take an intersectional approach in order to address compounded experiences of marginalisation (WHO, 2024; Thornicroft et al. 2022; Public Health Canada, 2019). Action must be taken at all levels (SCIP) concurrently, as single-level action will not automatically bring about change at each other level (Pérez Portilla, 2016). Action must also be permanent, as stigma is upheld by societal norms and values which are vulnerable to shifting socio-political, economic and environmental landscapes (Pérez Portilla, 2016).

Social contact models - where individuals with lived experience and those without come together and take part in activities which address unequal power dynamics and are positive experiences, are shown to be the most effective methods to reduce stigmatisation (Thornicroft et al. 2022). Social contact methodologies have specific 'active ingredients' which must be present to be effective (WHO. 2024: 7). Interventions must be carefully crafted to respond to the specific context they are taking place in and ensure cultural appropriateness and safety (Thornicroft et al. 2022; WHO, 2024).

Interventions which have been evaluated as successful, have included the following components: advocacy, collaboration, community-based care, transformative education, training and education for service providers which incorporate multiple lived experience components and social contact; co-creating culturally relevant interventions with communities; using creative methods to support challenging internalised stigma, as well as building empathy and social connection in social contact interventions, protest-based campaigning which is critical of negative views of mental health problems and illness, 'psychoeducation' providing mental health literacy, and social networking (Thornicroft et al. 2022: 1455).

How to use this tool

Part 1

Identify the intersecting level(s) of stigma and discrimination your intervention/project is working to address (they overlap and interact) – **Figure 1, Page six.**

Part 2

Identify the actions you will take at each level within your existing frameworks and which you may need to enable over and above the work you currently have in train – **Table 1, page nine** gives examples. **Templates on pp 14-15** provide helpful activities to support you.

Part 3

Learn more about the relevant intersectional anti-stigma evidence base to inform how you go about your planned actions. To explore the evidence, refer to the **references on p17**.

Part 4

Identify the intersectional stigma intervention principles the action aligns with and the core competencies needed to enable this action – **Use the accompanying Intersectional Anti-Stigma Intervention Core Competencies Self-Reflection Tool**

Figure 1: The Intersecting Levels of Stigma and Discrimination



Model inspired by the SCIP analysis available at: Pérez Portilla, K. (2016). Redressing Everyday Discrimination. The weakness and potential of antidiscrimination law. UK: Routledge. pp. 61-70. Further information and references in Appendix, page 12

"[A] necessary first step to take to understand and address stigma and discrimination at a strategic level is to officially acknowledge systems of power and that they are structural, cultural, institutional, and internalised".

Reducing Mental Health Stigma and Discrimination Expert Group Report (See Me, 2024)

Table 1: System-Wide Intersectional Approach to Tackle Mental health Stigma and Discrimination

Table 1: Level of Stigmas and Evidence Based Actions

Structural Level
Representation and governance • Fair, equitable processes for selection of representatives at parliament and local government. **Resource** • Adequate, equitable resource allocation for community mental health support - prevention and provision of services. • Invest in understanding and addressing the barriers that marginalised groups experience in accessing life opportunities, including education, employment, healthcare, etc. • Influence/advocate for equitable commissioning. • Influence/advocate for equitable funding. **Capacity Building** • Build core competencies in **Self-Reflection** across workforce at all levels appropriate to each member through learning and development. • Funding and commissioning to invest in intersectional approaches to address intersectional stigma and discrimination e.g. creative anti-stigma arts funds. **Legislation** • Equitable legislation and policy can drive culture change for Scotland to become fairer and more inclusive if implemented properly. • Equality Act 2010 and PSED review and implementation. • Human rights frameworks and legislation. • Co-create equitable laws and policies. • Advocate for new protective laws and policies where need is identified. • Influence government to address existing laws and policies through an intersectional equity lens.

Cultural/Societal

Community-based support

- Interventions to support confidence, resistance, community building, wellbeing of those affected - Creative methods are often most appropriate.
- Advocacy

Community empowerment and mobilisation

- Peer support initiatives
- Community development activity
- Community engagement (includes co-design and co-production)
- Community organising

Education

- Transformative approaches to education
- Critical thinking
- Media Literacy
- Mental health literacy

Communications

- Mass media campaigns challenging stereotypes and prejudice across 'isms' through platforming intersectional lived experience stories and expertise
- Targeted social marketing / media
- Guidelines to reduce stigma in the media.

Institutional/Organisational

Policies and Procedures

- Review existing policies and practices through an intersectional equity lens.
- Ensure all workforce are aware of and implement policies.
- Safe and inclusive environments - cultural safety and humility models.
- Strategic influencing - of strategy, policy, actions and partnerships.
- Ensure adequate, fair and equitable complaints procedures.

Leadership and Culture

- Bold, ethical collective leadership - See Self-Reflection Tool
- Management competencies.
- Embedding learning/participatory knowledge exchange as part of organisational culture.

Community-based support

- Interventions to support confidence, resistance, community building, wellbeing of those affected - Creative methods are often most appropriate.
- Advocacy

Capacity Building

- Build core competencies in Self-Reflection across workforce at all levels appropriate to each member through learning and development.
- Transformative participatory education
- Holistic, person-centred, trauma-informed and violence informed practices.

Community empowerment and mobilisation

- Peer support initiatives.
- Community engagement (includes co-design and co-production)
- Lived experience led projects and actions (volunteering/paid)

Personal/Individual

Education

- Transformative education including critical thinking.
- Media Literacy.
- Mental health literacy.

Communications

- Mass media campaigns challenging stereotypes and prejudice across 'isms' through platforming intersectional lived experience stories and expertise.
- Targeted social marketing / media.
- Use of inclusive, non-judgmental language.

Community empowerment and mobilisation

- Peer support initiatives.
- Community development activity.
- Community engagement (includes co-design and co-production).
- Community organising to build power to advocate for change.
- Protest.
- Community-based support.
- Interventions to support confidence, resistance, community building, wellbeing of those affected - Creative methods often most appropriate.
- Advocacy.
- Rights awareness and understanding.

Accountability

- Stigma watchdog.
- Intersectional data collection/analysis.
- Scrutiny – quality & improvement processes.
- Evaluation support/ impact.
- Research.
- Influencing regulatory bodies.

Activity: How can I be an agent of change?

Action-Planning

How can I be an agent of change?

What can I do to arrest and disrupt those practices and policies that are so harmful to many of us?

Inspired by Addressing Stigma Towards a More Inclusive Health System. The Chief Public Health Officer's Report on the State of Public Health in Canada 2019



- **What does good anti-stigma practice look and feel like to you as a practitioner?**
- **What can you do as a practitioner to increase it?**
- **What are the barriers to you achieving this?**

	What is good practice?	What can I do?	What are the barriers?
Structural Level: Legal and political ideologies			
Cultural/Social Level: Interactions with other people (Media, public, friends and family), and stigma by association.			
Institutional Level: Policies, practices, norms, or roles within mental health services.			
Personal Level: Person has internalised negative societal beliefs (self-stigma)			

Activity Part 2: Anti-Stigma Action-Planning

- **Which barrier will you focus on?**
- **Where do you see the greatest urgency?**
- **Is there a specific issue you would address?**
- **Is there a specific community you would support?**
- **How will you remain purposeful in the face of challenge?**

Structural Level:
Legal and political ideologies

Cultural/Social Level:
Interactions with other people (Media, public, friends and family), and stigma by association.

Institutional Level:
Policies, practices, norms, or roles within mental health services.

Personal Level:
Person has internalised negative societal beliefs (self-stigma)

Appendix: 1. Background: models and frameworks of understanding how stigma operates at multiple, intersecting levels; 2. References from the Global Evidence Base

1. Background Models - There are a variety of frameworks or models for understanding how stigma operates at multiple levels. Stigmatising social processes (socialisation, social power dynamics, and institutionalisation) interact in these levels by reinforcing and perpetuating discrimination, exclusion, and marginalisation.

We have adapted understandings from:

- The Socio-Ecological Model of Stigma (which may also be termed a multi-level ecological approach) which has been adapted from ecological psychology and public health models to to explain how stigma operates and how it can be addressed.

And

- The SCIP Analysis (which stands for Social, Cultural, Institutional, and Personal). This model originates in social psychology and sociology and aims at understanding prejudicial and discriminatory social processes and their impact on individuals and groups.

- The strength of integrating multiple models lies in its holistic approach. Stigma and discrimination are not only experienced individually but are influenced by social networks, institutional systems, and cultural practices. By incorporating different levels of analysis, this model allows for targeted interventions at various points.

2. References from the global evidence base on what works to challenge mental health stigma and discrimination:

- Crenshaw. K., 1989*. 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989: Iss. 1, Article 8. chicagounbound.uchicago.edu/uclf/vol1989/iss1/8*
- Kreiner GE. Stopping Mental Illness Stigma: Changing Attitudes, Language, and Policies. Focus (Am Psychiatr Publ). 2025 Jan;23(1):2-8. doi: 10.1176/appi.focus.20240036. Epub 2025 Jan 15. PMID: 39776455; PMCID: PMC11701820.
- Pérez Portilla, K. (2016). Redressing Everyday Discrimination. The weakness and potential of antidiscrimination law. UK: Routledge.
- Public Health Canada 2019: stigma-eng.pdf (Canada.ca)
- Thornicroft et. al., The Lancet Volume 400, Issue 10361, 22–28 October 2022, Pages 1438-1480
- The Lancet: Structural stigma in mental illness - The Lancet
- The Mental Health Commission of Canada: https://mentalhealthcommission.ca/structural-stigma/
- Vaughn, M. G., & DeLisi, M. (2013). The ecological model of stigma and criminal justice. International Journal of Offender Therapy and Comparative Criminology, 57(12), 1593-1614.
- WHO, 2024. Mosaic toolkit to end stigma and discrimination in mental health.

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See Me
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SAMH
Scottish Action for Mental Health

MENTAL HEALTH FOUNDATION

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