Intersectional Anti-Stigma Intervention Core Competencies

See Me
End mental health discrimination



Self-reflection tool

seemescotland.org

"So in order to address that root cause of stigma, we absolutely need everybody to hold that mirror up and ask themselves that really important question, of how am I implicated in these systems and structures that discriminate, that stereotype, that hurt people. 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?" (Public Health Canada, 2019: 30)

Using this tool

This tool is based on and structured around the Four Principles of Intersectional Anti-Stigma Interventions (Sievwright et. al., 2022): Principle 1: Recognise and name how systems of power intersect to affect individual experiences and fuel stigma; Principle 2: Aim to dismantle systems of power and oppression, and mitigate the harms; Principle 3: Ensure community leadership and meaningful engagement (with communities); Principle 4: Support collective action, cohesion, and resistance to address the intersecting axes of inequities. The Tool is designed to be used alongside See Me's **Intersectional Stigma and Mental Health Workshop** and **Evidence to Action Tool**

Audience

The suggested audience for this tool is broad, but it is designed with organisation-wide change in mind and is for people who already have a basic understanding of intersectionality, mental health stigma and trauma informed approaches to service provision. 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. We believe anyone making decisions about laws, budgets, policies, services, or interacting with people requiring support for any aspect of their life from mental health services to employability can take multi-level anti-stigma actions.

There is no prescriptive approach to working through the questions. You could do this individually and focus on one principle at a time, or work through all four at once to develop your own training and development plan. It can also be beneficial to discuss reflections on completing the tool with colleagues, to see if there are shared areas for development, or areas where you could support each other. If you feel it is beneficial, you could use a scale to answer the questions (e.g. 1-5 with 1 being not at all confident and 5 being very confident).

Some links to suggested support and learning materials are included throughout. Self-reflection is an ongoing process, and there is no end point where someone is considered to know everything related to intersectionality and mental health stigma and discrimination. This is intended as a supportive resource to give you a reference point in your own learning journey.

Self compassion and care

It can be a confronting process to carry out a comprehensive self-reflection. It is advised that this exercise is not one of self- judgement. Please practice self-compassion and care whilst working through the tool, and take as many breaks as needed. There may well be some areas you have a lot of knowledge about, due to lived, living or other experience and education. We would suggest that no one else should see your answers unless you choose to share it.

Where you feel you have less experience, you can focus your efforts to increase your skills, knowledge and confidence. A suggested workshop activity for teams using this for the first time is provided on page ten and a Glossary at the end. For support, please see https://www.seemescotland.org/urgent-help

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.

Principle 1: Recognise and name how systems of power intersect to affect individual experiences and fuel stigma

Competency	Knowledge / Skills / confidence	Reflection e.g. What do I already do? What would help me to do this better?
Critical Thinking and Systems Awareness	I feel able to educate myself on intersectionality, mental health, and social justice.	
Critical Thinking and Systems Awareness	I feel able to educate myself about the experiences of groups outside of my own gender, class, sexuality, race, ability, beliefs and life experiences by reading, attending classes, workshops, or cultural events.	
Critical Thinking and Cultural Humility	I feel able to question taken for granted assumptions (about myself and 'others'. What I believe to be true and 'right') and where these ideas come from (bias). For example, the idea that there is 'one true' definition of what mental health is.	
Critical Thinking and Systems Awareness	I feel I have the knowledge and skills to analyse how policies and structures contribute to intersectional stigma and discrimination related to mental health. For example, how lack of service provision in socioeconomically deprived areas compounds stigma.	
Cultural humility and adaptability	I feel able to identify aspects of the culture I have been socialised in to and the norms inherent to it.	
Critical Thinking and Systems Awareness	I am confident in my understanding of how multiple forms of oppression (e.g., racism, ableism, sexism) and privilege (e.g. whiteness, wealth) intersect and impact on mental health and mental health stigma and discrimination.	
Critical Thinking and Systems Awareness	I am confident in my understanding of the relationships between 'diverse' groups of peoples' experiences (across race, ethnicity, class, age, sexuality, gender, gender identity, and disability) and the disadvantages, prejudice, or discrimination that these groups experience.	
Intersectional Communication and advocacy skills	I feel confident to clearly explain intersectionality and its relationship to mental health and mental health stigma and discrimination.	

Principle 2: Aim to dismantle systems of power and oppression, and mitigate the harms

Competency	Knowledge / Skills / confidence	Reflection e.g. What do I already do? What would help me to do this better?
Critical thinking and systems awareness	I feel able to identify solutions that address root causes, not just symptoms of intersecting stigmas and discrimination. For example, supporting development of critical thinking in education.	
Self-Awareness and Reflexivity	I feel able to look at my own attitudes and behaviours to determine the ways they may be contributing to or combating prejudice in society.	
Self-Awareness and Reflexivity	I am aware of knowledge and power imbalances and feel able to take steps to address my position in this. An example of this could be through the methods you use as a facilitator (i.e. participatory methods reduce power imbalances).	
Self-Awareness and Reflexivity	I am comfortable admitting when I need to learn more about an issue.	
Courage and accountability	I feel confident to challenge discrimination, even in difficult or uncomfortable situations.	
Intersectional Communication and advocacy skills	I feel confident to use inclusive, non-stigmatising language in discussions about mental health.	
Self-Awareness and Reflexivity	I feel able to recognise my mistakes and I am willing to learn from them.	
Self-Awareness and Reflexivity	I feel able to reflect on how my identity impacts on my leadership.	
Ethical Leadership	I feel able to remain committed to intersectional work even when faced with resistance.	
Self-Awareness and Reflexivity	I feel able to work to understand and recognise my emotional responses when discussing difficult topics.	
Self-Awareness and Reflexivity	I feel able to demonstrate compassion while maintaining professional boundaries.	

Competency	Knowledge / Skills / confidence	Reflection What do I already do? What would help me to do this better?
Trauma and Violence Informed Care & Compassionate engagement	I feel confident in my understanding of how different forms of trauma and discrimination impact mental health.	
Trauma and Violence Informed Care & Compassionate engagement	I feel able to create safe, non-judgmental spaces for individuals to share their experiences, which do not retraumatise.	
Trauma and Violence Informed Care & Compassionate engagement	I feel able to recognise the emotional labour of discussing discrimination	
Trauma and Violence Informed Care & Compassionate engagement	I feel able to practice self-care while supporting others.	
Trauma and Violence Informed Care & Compassionate engagement	I feel able to actively listen without judgment when people share their lived experiences.	
Cultural humility and adaptability	I recognise that I will never be fully “competent” in another person’s experience.	
Collaboration and Relationship Building	I feel able to build trust with diverse communities and value their perspectives.	

Principle 4: Support collective action, cohesion, and resistance to address the intersecting axes of inequities

Competency	**Knowledge / Skills / confidence**	**Reflection e.g. What do I already do? What would help me to do this better?**
Intersectional Communication and Advocacy skills	I feel able to advocate for marginalised communities without speaking over others with lived experiences or assuming I know more.	
Collaboration and Relationship Building	I feel able to co-create solutions with affected groups instead of imposing top-down decisions.	
Collaboration and Relationship Building	I feel confident to safely facilitate dialogue between different stakeholders to foster change.	

Competency	**Knowledge / Skills / confidence**	Reflection What do I already do? What would help me to do this better?
Knowledge and Understanding of Equalities legislation	I feel confident in my knowledge of the Equality Act 2010 and my role in meeting the obligations under it as an employer/ service provider.	
Knowledge and Understanding of Equalities legislation	I feel confident that I understand my role in meeting the duties of the Public Sector Equality Duty (Scottish Specific Duties).	
Knowledge and Understanding of Equalities legislation	I feel confident to clearly explain the current protections relating to mental health problems and illness under the Equality Act 2010 and the PSED.	
Knowledge and Understanding of Equalities legislation	I feel confident in my ability to identify and explain shortcomings with equalities legislation.	

Workshop activity

Activity	Details	Points to Note
Part 1: Journalling & Individual Reflection	Spend a few minutes reading through the framework and look at the below questions: What were your reactions to reading this? If you were interacting with a service, what would you want people to prioritise / if you were accessing a service, what competencies would you want people to possess?	This activity is framed within the context of psychological safety. You are encouraged to think about the competencies without judgement and with empathy for your own experience and understanding.
Part 2: Group discussion	What works? Is it useful? Are their challenges you foresee in using this?	We encourage feedback and dialogue about this tool. We are currently piloting the materials and noone is expected to have a ‘perfect score’

Please use this space to note down any thoughts

Support and Learning Materials

Anti-Racism

- Ten Standards for **Training from an Anti-Racist Perspective**. Coalition for Racial Equality and Rights, October 2023: www.createpod.com/uploads/3/4/0/5/3405303/crer_anti-racist_training.pdf

Co-Production

- www.coproductionscotland.org.uk/

Community Engagement and Development

- Scottish Community Development Centre: What is **Community Development**?: https://www.scdc.org.uk/community-development-in-60-seconds
- University of Glasgow - MyGlasgow - Public Engagement - Training and Resources - **Community engagement:** an exploration: https://rise.articulate.com/share/sqpxqTUKsj99FzpntHuW25bc1K_VLtlY#/

Cultural Humility

- https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf
- Cultural Humility (complete): https://www.youtube.com/watch?v=SaSHLbS1V4w
- NHS Scotland **Cultural Humility** Digital Resource: www.nhsscotlandacademy.co.uk/programmes/cultural-humility-digital-resource/
- Challenges and Rewards of a **culturally-informed approach to mental health** | Jessica Dere | TEDxUTSC: www.youtube.com/watch?v=VrYmQDiunSc
- https://alcoholstudies.rutgers.edu/wp-content/uploads/Building-Bridges-Cultural-Humility-Toolkit-11.15-updated.pdf

Equality Legislation

- www.equalityhumanrights.com/equality/equality-act-2010
- www.equalityhumanrights.com/guidance/public-sector-equality-duty-psed

Intersectionality

- Centre for **Intersectional Justice**: https://www.emiliaroig.com/cij

See Me Resources

- www.seemescotland.org/**priority-groups/approaches-to-tackling-stigma**
- www.seemescotland.org/priority-groups/resources/**values-led-partnership-and-community-engagement**
- www.seemescotland.org/**priority-groups/resources**

Trauma Responsive Practice

- www.traumatransformation.scot/knowledge-skills/
- https://uktraumacouncil.org/research_practice/racism-and-trauma-research
- https://media.equality-trust.out.re/uploads/2024/10/BLAMReportCompressed.pdf

References:

- *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*
- *Public Health Canada (2019)*: stigma-eng.pdf (Canada.ca)
- Sievwright. K.M., et al., 2022. 'An Expanded Definition of Intersectional Stigma for Public Health Research and Praxis' An Expanded Definition of Intersectional Stigma for Public Health Research and Praxis | AJPH | Vol. 112 Issue S4 (aphapublications.org)
- UN Women Intersectionality resource guide and toolkit, (2021): https://www.unwomen.org/en/digital-library/publications/2022/01/intersectionality-resource-guide-and-toolkit

Glossary

- **Anti-racist practice** - Anti-racism/Anti-racist: Anti-racism is a concept which goes beyond non discrimination or general support for equality and diversity, to actively tackle all forms of racism (e.g. personal, social and institutional). It requires action to identify and address the factors that create racist impacts, for example unequal policies and practices, or racist attitudes and behaviours. People can be anti-racist in their own lives, and organisations can use anti-racist approaches within their work. Source: SBPI-00344 - CRER glossary for interim closing submissions - June 2023.pdf (shekubayohinquiry.scot)

- **Community Engagement:** Community engagement is a way to build and sustain relationships between public services and community groups - helping them both to understand and take action on the needs or issues that communities experience**.** National Standards for Community Engagement | SCDC - We believe communities matter

- **Critical thinking:** As defined by the National Council for Excellence in Critical Thinking (1987), critical thinking is the intellectually disciplined process of actively and skilfully conceptualising, applying, analysing, synthesising, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breath and fairness'. For our purposes, critical thinking is a way of approaching information in order to decide what to believe and what to do. It requires us to make a conscious effort to seek to identify whether a claim is true, partially true or false in the light of all available information. Critical thinking cannot, of course, gain access to all available information and is thus always to an extent subjective. However, being aware of this allows us to at least recognise the limits of our understanding of the world. 'Defining Critical Thinking' [Online] Available at: Defining Critical Thinking.

- **Cultural humility**: Cultural humility is a practice of self-reflection and learning from others to honour their beliefs, customs, and values. It includes and appreciation of patients' lay expertise, openness to sharing power with patients, and to continue learning from them. Lekas HM, Pahl K, Fuller Lewis C. Rethinking Cultural Competence: Shifting to Cultural Humility. Health Serv Insights. 2020 Dec 20;13:1178632920970580. doi: 10.1177/1178632920970580. PMID: 33424230; PMCID: PMC7756036.

- **Intersectionality** originates in Black feminism and critical race studies. It is a lens through which researchers seek to understand the complex nature of identity, health, social relationships, and power that plays out within human interaction and experiences (Crenshaw 1989).

- **Intersectional approaches** to understanding and designing interventions, which take account of every form of discrimination (e.g., racism, homophobia, mentalism) individuals and groups face, are therefore recommended to improve health outcomes (Turan et al., 2019).

- **Intersectional stigma** describes how social identities and structural inequities shape and influence each other (Sievwright et al., 2022). This means we cannot understand any one stigma (more often discussed in terms of prejudice when related to other protected characteristics) in isolation from another, which might simultaneously be at play, compounding negative experiences, e.g. of services as well as health outcomes.

- **Marginalisation:** a process of social exclusion in which individuals or groups are relegated to the fringes of a society, being denied economic, political, and/or symbolic power and pushed towards being 'outsiders' Marginalization - Oxford Reference

- **Psychological safety:** Psychological safety is when you feel able to: express your ideas and concerns openly; ask questions recognise your mistakes; challenge others, including authority figures, without fear of negative consequences. Psychological safety is crucial to having a positive, supportive and productive working environment. It's also a crucial component in the journey to advancing race equity. Source: https://www.rcn.org.uk/About-us/Equity-diversity-and-inclusion/Taking-time-to-talk/Important-concepts-to-understand/Psychological-safet

- **Trauma informed approach:** There are 6 principles of trauma-informed practice: Safety - The physical, psychological and emotional safety of service users and staff is prioritised; Trustworthiness - Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community; Choice - Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward; Collaboration - The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole; Empowerment - Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level; Cultural consideration - Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity. Source: https://safeguarding-guide.nhs.uk/context-of-NHS-safeguarding/s2-03/

- **Race and Racialisation:** Racialisation is the process whereby people are divided into racial groups based on stereotypes and pseudoscience. Historically, racialisation has been carried out in order to justify and maintain systems of oppression. It creates advantages for groups classed as white (white privilege) and disadvantages for those groups negatively impacted by racialisation (racism and racial inequalities). The current use of the terms 'race' and 'racial' have developed because disproved notions of racial difference have become embedded in the beliefs and behaviours of society. Groups of people who are viewed in ways linked to race are sometimes described as racialised groups (although it is important to note that the process of racialisation also shaped whiteness and cemented notions about the supposed superiority of Western and Eurocentric ideologies). This social construct of race has continuing impacts today on institutional, personal and social behaviours, underpinning all forms of racism (CRER, 2023) Source: SBPI-00344 - CRER glossary for interim closing submissions - June 2023.pdf (shekubayohinquiry.scot).

Whiteness: “Whiteness and white racialized identity refer to the way that white people, their customs, culture, and beliefs operate as the standard by which all other groups are compared. Whiteness is also at the core of understanding race in America. Whiteness and the normalization of white racial identity throughout America's history have created a culture where nonwhite persons are seen as inferior or abnormal. This white-dominant culture also operates as a social mechanism that grants advantages to white people, since they can navigate society both by feeling normal and being viewed as normal. Persons who identify as white rarely have to think about their racial identity because they live within a culture where whiteness has been normalized. Whiteness | National Museum of African American History and Culture (si.edu)

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See Me
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