



See Me in Work employer learning programme.

**Webinar 2:
Mental health inclusion at work:
What does it really mean?**

About this report

See Me hosted the second webinar of an ongoing See Me in Work (SMiW) [learning programme](#) for employers on 28 September 2023 via MS Teams. The 1.5 hour webinar focused on 'mental health inclusion and taking an intersectional approach to mental health at work'.

The webinar was chaired by Rachel Bottomley, See Me Project Officer (Workplace); co-delivered by Sahaj Kamra, See Me Project Officer (Communities and Priority Groups), with lived experience input from See Me Volunteer, Heather Richmond.

Places for the session were capped at 50 to allow enough space for everybody to ask questions and share reflections during the discussion part of the session. 52 people signed up to attend and 33 participants joined the session on the day.

The outcomes for the sessions were:

1. Increased understanding of what we mean by mental health inclusion.
2. Increased understanding of what an intersectional approach means.
3. Increased knowledge of what it means to have an intersectional approach to tackling mental health stigma in the workplace.
4. Increased awareness of tools and resources available to support employers and line managers.

Presentations

The chair opened the session by welcoming attendees, introducing the purpose of the session, and outlining the learning outcomes and timings for the session. A series of presentations were then delivered by See Me on the following topics:

- Rachel Bottomley provided an introduction to mental health inclusion at work, with a particular emphasis on tackling stigma and discrimination as part of a wider mental health improvement agenda.
- Sahaj Kamra shared learning from See Me and others about defining an intersectional approach.
- Heather Richmond shared her own lived experience perspective on mental health inclusion in the workplace.

Detail about presentations can be found in the full agenda in the Annex A. All presentation slides were shared with participants alongside this report.

Q&A segment

Participants were invited to submit questions during the session. The following summarises questions and answers:

Q. In the current climate we are all under pressure to demonstrate impact. How do we demonstrate an impact on reducing stigma?

A. Reducing stigma as part of a wider mental health improvement approach is key to creating mentally healthy workplaces as it increases employee engagement and the effectiveness of interventions. In order to demonstrate the impact our activities and interventions is having on tackling stigma, we must monitor and evaluate these from the get go. We can do this by collecting data against indicators like 'employees engage in activities', 'employees have conversations about mental health', 'disclosure rates', 'access to mental health support like employee assistance programme or occupational health', etc. The Evaluation Support Scotland website offers lots of tools and resources to help you evaluate: <https://evaluationsupportscotland.org.uk/resources/>.

Another way of measuring stigma reduction on the workplace is capturing employees' attitudes and perceptions at given points; first, to establish a baseline and then to measure impact of interventions (i.e. before and after). The See Me in Work Portal provides an opportunity to take this approach, as well as guide you to do a full needs assessment of the organisation (incl. staff survey), create an improvement plan and offer guidance on how to implement your activities / interventions: <https://www.seemescotland.org/workplace/employers/see-me-in-work/see-me-in-work-portal>.

Q: There are people who are very dismissive of mental health/wellbeing; how do we change their minds?

A. That's a good question! Social change happens when individuals take action but it is something that happens gradually over time. As a community we can help promote change by bringing people together to have conversations, share experiences and challenge assumptions.

According to research, 'social contact' (when conversations happen between those who experience mental health problems and those who do not) reduces stigma. Social contact can also extend to include listening to, watching or reading about someone's experiences. Social contact works because it focuses on the people, not the labels of mental illness. This means that negative assumptions and attitudes are challenged, in turn reducing stigma. Mental health problems don't discriminate – everyone has mental health (as we do physical health!) and it can fluctuate. [See Me YouTube](#) channel features videos from See Me volunteers where they share their own lived experience perspectives.

Q. I particularly liked the statements "Who is not being represented?" & "who is given the most power?". How do employees make these inequalities visible to our business leaders? Difficulty embedding mental health awareness when business leaders are not mindful of it and are all same race/gender/etc.

A. That's a good point! Representation should happen at all levels, from interns to managers to senior leaders, and anything in between. Tackling stigma and discrimination in the workplace requires a whole organisational approach - it should start with how job opportunities are advertised; how recruitment exercises are carried out (including who sits in the interview panel!); training and capacity building for leaders, managers and staff, and policies and procedures (e.g. induction).

It's not enough for senior leaders to sign off on mental health awareness activities; to achieve positive change, they need to lead by example, championing inclusive attitudes and behaviours, and challenging stigmatising and discriminatory behaviour – whether this is related to a physical or mental health disability, gender, sexual orientation or any other protected characteristic under the Equality Act (2010).

Q. How can we encourage senior leaders to take mental health and wellbeing seriously?

A. By making the case to senior leaders – that it is the right thing to do ('moral case'); that is what the law requires of them ('legal case'), and that a mentally healthy workplace, free from stigma and discrimination, leads to many benefits ('the business case'): <https://www.seemescotland.org/workplace/employers/understanding-discrimination-at-work/policy-practice-and-law>.

Looking at what industry competitors are taking mental health and wellbeing seriously and putting pressure on our senior leaders to follow suit can also help.

Q. What key questions are key to support the development of a wellbeing strategy that is responsive to the needs of employees, do you have a standard survey?

A. See Me's remit is tackling mental health stigma and discrimination as part of a wider mental health and wellbeing improvement approach. Our surveys don't include general wellbeing questions. [ACAS](#) and [SAMH](#) might have advice and guidance on how to develop a wellbeing strategy, inclusive of mental health. You might also find helpful our [self-assessment tool](#), particularly in relation to developing policies and procedures, and support implementation of these across the organisation.

Q. How is your organisation doing? Doing a lot already or just at the beginning?

A. Participants provided the following answers:

- I believe we have the basics in place but clearly a lot to consider going forward - this has been very helpful
- My organisation has things in place but I think part of the reason why people are not accessing fully is we need to do more to tackle the stigma. So this is something I am hoping to take forward with leadership.

- I think we have a lot on paper/in policies but our challenge is changing entrenched attitudes that are dismissed as immutable personality.
- We sometimes see an overreliance on EAPs and OH services - rather than prevention.
- In a more "formal" sense I think we're doing ok, the policies are there etc. But I don't think intersectionality has been a focus and we are not a very diverse workplace, so I'm concerned that some experiences and aspects are being missed out. I also echo the comment earlier that expert support is being removed and peer support is replacing it, but this is without the appropriate knowledge, process and recognition of impact on peers/volunteers, it's a cheap solution that can help but there is a lot of risk within it.
- Disjoint between organisational policy and practice.
- General awareness individually, but zero at organisational level.
- I think my company talks the game quite well but maybe not so good at actions, it has 45 staff and over the past 6 weeks have had 6 people off with stress, so we need to get better at wellbeing actions.
- Academic understanding but reality very different, more a reactive culture.
- A lot of room for improvement.

Group discussions: putting theory into practice

The last part of the session focused on group discussions around putting the theory into practice. Participants were divided into break out groups, each with a facilitator from See Me.

For further information about this report or series of events please contact See Me's Workplace Programme team via info@seemescotland.org

Annex A: Agenda for See Me webinar on 'mental health inclusion at work'

Time	Activity
09:30 am	Welcome and introductions
09:35 am	See Me: An introduction to mental health inclusion at work Rachel Bottomley, See Me Project Officer (Workplace)
10:00 am	See Me: Defining an intersectional approach Sahaj Kamra, See Me Project Officer (Communities & Priority Groups)
10:10 am	Shared learning from a lived experience perspective. Heather Richmond, See Me volunteer
10:20 am	Q&A
10:25 am	Comfort Break (5 min)
10:30 am	Break out groups: Putting theory into practice
10:55 am	Round up and final remarks
11:00 am	Close