

# SEE ME

## SOCIAL MOVEMENT

THREE YEAR PROGRAMME EVALUATION  
NOVEMBER 2016 - OCTOBER 2019



Mental Health  
Foundation

**See Me**  
End mental health  
discrimination









## SEE ME - SOCIAL MOVEMENT PROGRAMME EVALUATION

### Outcomes aligned to Social Movement

- People individually and collectively will increasingly challenge self-stigma, stigma and discrimination.
- People will increasingly feel safe, confident and inspired to speak about their mental health and seek help.
- People will feel increasingly confident to claim their rights.
- Increased understanding of nature, source and impact of stigma and discrimination and what works in tackling it.

### Reach of Social Movement programme (November 2016 – September 2019)

- **65** volunteers engaged in programme.
- **57<sup>1</sup>** Community Champions trained (**11** trained through LGBT Health & Wellbeing).
- **5,667** adult volunteer hours recorded.
- **181** Pass the Badge registrations (including digital) with an estimated **65,270** Badges passed.
- **46** Walk a Mile events with an estimated **4,085** participants.
- Core partner of Scottish Mental Health Arts Festival which between 2017 – 2019 ran around **860** events in **29** regions of Scotland with around **67,000** attendances.

---

<sup>1</sup> This includes 26 Community Champions trained in Year 1, 10 Community Champions trained in Year 2, and 11 Community Champions trained in Year 3.

## Summary of findings

- There are common themes emerging from both quantitative and qualitative data over the last three years of the programme. These include increased skills and knowledge particularly around human rights-based approaches and intentions to improve mental health and support others.
- Social contact remains a key element of the success of the Social Movement programme.
- Lived experience is central to the programme. Sharing lived experience is important because it normalises conversations about mental health and makes the programme messages feel real.
- Local and national facilitated peer support networks are important to individuals and are key to supporting people with lived experience of mental health problems to sustain involvement.
- Education in the form of volunteer training is a highlight of the programme. This inspired some individuals to undertake additional training.
- Aftercare and visible support from See Me are very important to volunteers and partners beyond training. They would welcome a more formalised model of ongoing support.
- When work to tackle mental health stigma and discrimination is joined up it tends to be more effective. Sharing learning and successes and challenges could work better for volunteers.
- Managing the expectations and clarifying roles and responsibilities of volunteers at different stages of their journeys with See Me is crucial.
- Partners acknowledged that successful anti stigma work requires strong leadership. Initial success can often be attributed to one person who is the catalyst for motivating others. Sustainability and finding a way of replicating these successes can be more challenging.
- Partnership working is demonstrating impacts such as greater reach, volunteer diversity, community-led activities, understanding of and action related to multiple stigma issues.

## 1.0 Introduction

Social movements have been defined as ‘Organised efforts to promote or resist change in society, which rely, at least in part, on non-institutionalised forms of political action’ (Marx and McAdam, 1994, p75). A social movement has always been at the heart of See Me’s vision to end mental health stigma and discrimination.

The Social Movement programme within See Me was developed to bring people together to affect changes in behaviours and attitudes towards mental health, using a series of anti-prejudice approaches and theories. This includes social contact theory, co-production strategies, education and awareness raising campaigns, protest activity and increasingly, a human rights-based approach. The programme incorporates community development approaches which provide volunteers with increased knowledge about the power they hold and how they can influence change. Volunteers learn about community development values including social inclusion and creating a social movement that is community-led, underpinned by community learning and development standards.

Over the past three years, the Social Movement programme has evolved and grown. People who self-identify as having lived experience of mental health problems are supported through the programme to develop their skills, confidence and capacity to share their own experience and affect change in the behavior of others. Volunteer roles that are supported through the programme are:

- Community Champions, trained to be leaders and influencers in their local area;
- Media volunteers, trained to speak to

- journalists about their experiences; and
- Speaker volunteers trained to present their experiences at events and gatherings.

Equality monitoring data gathered anonymously for active See Me volunteers in 2019 illustrates more about the reach and diversity of the programme<sup>2</sup>. Just under four fifths (**78%**) of active See Me volunteers identify as female, while just over one fifth (**22%**) identify as male. Around a third (**34%**) of volunteers are aged between 51-60, while a quarter (**25%**) are aged between 41-50. **13%** of active volunteers aged between 26-30, 31-40 and over 61 respectively. A minority (**3%**) of volunteers are aged between 16-25 however this does not include data gathered for Young Champions. A majority (**66%**) of volunteers reported a disability and 28 % reported none. Over two thirds (**69%**) of volunteers stated that they are heterosexual. The majority (**88%**) of volunteers are Scottish and British, and the majority (**75%**) are White Scottish and White British. Almost half (**47%**) of volunteers identified as Christian, **28%** preferred not to say and **19%** stated that they have no religion.

Equality monitoring data in years one and two (2017 and 2018) of the programme showed similar trends – more females (**65%**) than males (**35%**) took part in the programme, the majority (**65%**) were aged 40 and above, identified as heterosexual (**78%**), and most (**93%**) identified as Scottish or white British. Programme diversity is discussed further as a recommendation in Section 5 of this report.

See Me has historically delivered volunteer training directly. Since November 2016 the Social Movement programme has in addition explored a partnership-working delivery

<sup>2</sup> Based on data gathered from 32 currently active See Me volunteers.

model as a way to increase programme reach and effectiveness. See Me has developed strategic partnerships with locality-based and intersectional partners creating regional and local social movements based around geographic areas and identity groups. This enables See Me to engage with a wider and more diverse mix of volunteers through partner organisations and their members who have a clear insight into the specific experiences, needs and barriers of specific communities of interest such as LGBTI+, BAME, Polish and deaf communities. .

This approach represents an expansion beyond direct training delivery to a combination of direct and partner-led training delivery. It is intended to empower volunteers to form their own peer groups within communities. In focusing programme resources on enabling volunteers to network more effectively rather than focusing solely on time-intensive training, the Social Movement model becomes more sustainable for the future. By engaging with intersectional partners with an existing interest in and commitment to the anti-stigma and discrimination agenda, the reach and capacity of the programme increases; as groups and organisations that have most knowledge of the needs, goals and aspirations of their communities, co-design and deliver See Me Community Champion training in a more inclusive and integrated way.

The See Me social movement continues to provide opportunities and platforms for volunteers to engage with local communities and influence policy. This includes Walk a Mile events where members of the community, with and without experiences of mental health problems, come together to walk and talk; Pass the Badge opportunities which have increasingly taken place online; range

of arts based events; and opportunities to present at events and conferences. Some of these activities are organised centrally by the Social Movement team whilst others are very much volunteer led. Volunteer led activity also includes a much broader range of events which reflect the skills, interests and communities of which the volunteers are part.

## 1.1 Methods

A mixed methods approach was used to evaluate the Social Movement programme. Both qualitative and quantitative data were gathered to assess the two core research questions including whether the medium-term outcomes relevant to the See Me Social Movement programme are being met and what works to challenge mental health stigma and discrimination. It should be noted that not every aspect of Social Movement activity was evaluated. Rather, the evaluation explores different areas of delivery including volunteer training and activities and areas of innovation.

Qualitative data collection from volunteers and partner organisations consisted mainly of semi-structured interviews with one focus group. Quantitative data collection included pre and post training evaluation forms, pre-Community Connectedness Reflections surveys, cross sectional Community Connectedness surveys<sup>3</sup> and monitoring data surveys (the findings of which are summarised in Section 1.0 above). A review of (anonymised) application forms was undertaken to gain insight into skills, experience and motivations to engage. The methods table below summarises all qualitative and quantitative data collected over the last three years.

Semi-structured interviews lasted between 30 and 90 minutes and took place face to face

<sup>3</sup> The Community Connectedness tool was adapted from the 'Measuring Community Connectedness among Diverse Sexual Minority Populations' (Frost DM & Meyer IH, 2012) validated tool.

or by telephone depending on preference and availability of respondents. To obtain a range of views we interviewed volunteers and partner organisations who have been involved with See Me for several years and those who engaged more recently. See Me contacted all active volunteers which resulted in a random selection of participants that aimed to cover diversity in terms of cohort, gender and age. Two focus groups were conducted and lasted for around 90 minutes each. Semi structured interview guides were developed to ensure that discussions gathered relevant evidence and discussions were informal in nature to ensure participants felt at ease.

Quantitative data was gathered directly via Survey Monkey or through paper surveys which were then inputted into Survey Monkey. Data cleaning and descriptive analyses were undertaken using Microsoft Excel. The descriptive analyses calculated and compared baseline and follow up mean values for questionnaire items to assess overall changes in knowledge and attitudes. The majority of

surveys include questions where participants were asked to rate their agreement with a number of statements (both positive and negative) on a scale from strongly agree to strongly disagree.

**29** volunteer application forms completed by Community Champions in 2018 and 2019 were analysed to gain a greater understanding of the motivations for becoming a See Me volunteer, the existing relevant skills and experience that individuals brought to the programme and the goals and aspirations of individuals beginning their volunteering journey. The detailed findings are presented in Section 2.1 of this report.

The overarching question approach developed in 2017/18 (Year 2 of the programme) was used at a total of **18** events between November 2017 and October 2019. These events used the overarching question card to gather responses from **308** participants and in-depth analysis of this is presented in Section 2.7 of this report.

**Methods Table: Three-Year Data Collection**

**Table 1: Summary of Social Movement Research Methods and Data Collection (November 2016-October 2019)**

Programme	Quantitative	Qualitative	Secondary data
Social Movement	Baseline (N=55) & follow-up (N=53) volunteer training evaluation forms  Community Connectedness pre (n=19) and post-engagement reflections forms (n=14)	40 volunteer and partner interviews, 1 partner focus group (n=2) ;1 volunteer focus group (n=4)  Comments to the overarching question from 18 community-based events (n=308)	Anonymous responses to selected questions from Community Champion application forms (n=29)

## 1.2 Ethics

For qualitative data collection all participants gave verbal and written consent to take part in interviews and focus groups and for these to be audio recorded. Participants were given an information sheet to inform them about the research and asked to sign a consent form once they had time to consider if they wished to take part in the evaluation (a minimum of 48 hours before taking part). In addition to this at the end of each interview or focus group each participant was presented with a list of contact details for relevant support organisations if they were in any distress.

For quantitative data collection, participants were provided with information about the purpose of surveys and the contact details of researchers at the Mental Health Foundation if they required any further information. Participants were then explicitly asked if they would like to take part in the survey. If they declined to take part, they were excluded from the research and assured this would have no impact on any future See Me activity in which they participate.

## 1.3 Analysis

Focus groups and interviews with staff, volunteers and partners were audio recorded and transcribed verbatim to ensure that views are represented accurately. Qualitative data gathered from interviews with volunteers was analysed and themed using Nvivo. Qualitative data gathered through interviews and focus groups with programme staff and partners was analysed and themed manually. Larger themes were further broken down into sub themes. Direct quotes are shared anonymously throughout the report relevant to each theme.

Pre and post Community Champion training evaluation surveys, pre and cross-sectional Community Connectedness surveys, equality monitoring forms, volunteer application forms and responses to the overarching question were analysed using Excel.

Pre and post training evaluation surveys were analysed descriptively to assess any increase or decrease in participant scores against a series of statements related to stigma and discrimination before and after training. Community Connectedness surveys were analysed cross sectionally to gain a snapshot of how strongly or otherwise respondents rated a series of validated statements relating to stigma and discrimination. To allow comparison between the baseline and follow up surveys, responses were given a numerical rating that includes reverse coding for negatively worded statements. For statements that were worded positively, agreement was rated from 1 to 5, with 1 corresponding to strongly disagree and 5 corresponding to strongly agree. Therefore, higher values correspond to more positive attitudes. Participants who did not respond to any question were excluded from the analysis, but



if they had completed data for some questions they were included in the analysis<sup>4</sup>.

Descriptive analyses were undertaken and mean values for baseline and follow up surveys calculated and compared to assess overall changes in knowledge and attitudes towards mental health stigma and discrimination.

### 1.4 Limitations of the data

Due to the nature of See Me's contact with volunteers and need for consent to contact, only volunteers who are registered as 'active' participated in the evaluation. We did not gain the perspectives of volunteers who have disengaged from the programme although we did have discussions with some volunteers who would consider themselves 'less active' now than before. It should be highlighted that this evaluation reports the views of largely 'active' volunteers. In the future, more could be done to reflect a broader spectrum of experiences of the programme.

During year 3 (2018/19) there was less volunteer training activity than in previous years due to the adoption of the earlier described partnership training delivery model. This is explored in greater depth in later sections of this report and accounts for the lack of quantitative data compared to qualitative data.

### 1.5 Structure of report

The following sections of this report present the finding, conclusions and recommendations for the Social Movement programme, undertaken by the Mental Health Foundation. Section 2.0 of the report reflects the volunteer journey, from the initial stages of becoming a See Me volunteer to the impact this has on individuals and communities. Section 3.0 of the report explores innovative models of delivery that See Me have been exploring during Phase 2 (November 2016-October 2019). These include locality-based and intersectional approaches and some case studies and examples of work in these areas are presented to help demonstrate impact. Section 4.0 presents discussion around the main learning from the programme, including what works to tackle mental health stigma and discrimination. Section 5.0 outlines the evidence that demonstrates progress towards programme outcomes, some suggestions for improvement and recommendations for the future.

---

<sup>4</sup> The mean for each statement was calculated for the pre and post surveys. A mean closer to 5 is more positive than a mean closer to 1.

## 2.0 The Volunteer Journey

This section focuses on the volunteer journey including initial engagement with See Me, training and skills development, volunteer projects and activities and the impact of this work on volunteers and wider communities. It is based on interviews with volunteers, responses to pre and post volunteer training evaluation surveys and pre and post Community Connectedness surveys, and to the overarching question card.

### 2.1 Beginning the volunteer journey

#### 2.1.1 Awareness of See Me

Most volunteers told us that they had heard of See Me before becoming involved. This awareness was often high-level, with a lack of detailed knowledge about programme offerings. A smaller number said they were not aware of See Me before they got involved. Most people saw See Me volunteering opportunities advertised on the programme website or social media. Others heard about the opportunities through existing community organisations they were already involved in, or through friends, family and health practitioners.

I had mental health problems since I was in my teens, so 30-odd years now, and was aware of See Me in the background.

*See Me Volunteer*

#### 2.1.2 Motivations for getting involved

Volunteer application forms and evaluation discussions with volunteers explored motivations for volunteering with See Me. The most common reason was wanting to make a positive contribution to the lives of

others often as a result of their own lived experience of mental health problems. Other reasons included the desire to develop skills and knowledge through accessing training and other opportunities, to meet new people and expand personal network, to develop confidence and ability to affect change including via public speaking, media work, training delivery among others.

These reasons are similar to those provided by previous volunteers as outlined in the November 2017 and 2018 reports, and common themes include lived experience of mental health problems, the desire to raise awareness of mental health self-stigma, stigma and discrimination, and to make a positive difference to the lives of others, to communities and to society.

I'd like to change public perception of mental illness to let them see that people experiencing mental illness are normal people just like them.

*See Me Volunteer*

I want to stand up with and support those dealing with the daily struggles of life through their mental illness.

*See Me Volunteer*

I would love to be given the opportunity to make a difference, provide support and have a real beneficial, inspiring and rewarding influence on individuals, communities and society in general, who are affected by mental illness.

*See Me Volunteer*

### 2.1.3 Skills, knowledge and experience

In their application forms volunteers outlined the existing skills and knowledge they brought to their volunteering roles. These were widespread with many bringing previous experience of working in mental health and/or as community activists, in mental health and beyond. Often in roles that created awareness of a range of inequality issues. Additional skills and experience included Interpersonal skills such as communication and listening skills, motivation, teamworking, leadership and problem-solving skills. They felt that these skills would bring strength to the role of a Community Champion. Many applicants also brought a range of relevant qualifications with them to their roles as Community Champions. These included Scottish Mental Health First Aid, Youth Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), mental health awareness training, epilepsy training and self-harm awareness training (What's the Harm?), among others.

Volunteers involved in previous evaluations brought similar skills, knowledge and experience to their roles, suggesting that individuals are attracted to working with See Me for related reasons. Common themes included experience of volunteering and working in mental health and relevant training and qualifications.

In order to work with and support others with mental health challenges, the ability to listen, communicate and to be empathetic are required.

*See Me Volunteer*

### 2.1.4 Application and selection process

Volunteers described the See Me application and selection process. All individuals completed a volunteer application form which were assessed by the Social Movement team. If successful, volunteers were invited to an interview and / or selection day. Successful volunteers were then contacted by See Me to tell them that they had been selected<sup>5</sup>.

Volunteers told us about some of the things that worked well about this process. Overall they found the it reasonably straightforward. While some found the application form daunting at first it really felt like I was applying for a job they felt more at ease when they attended the selection day and met others in similar situations. A few people felt that the process of becoming a See Me volunteer should be quite rigorous. There were generally more applicants than volunteer opportunities, and they thought it was important to ensure that those who were successful were a good fit for See Me.

It was a good process and it was good to get you thinking about why you really wanted to do it as well.

*See Me Volunteer*

While the majority of volunteers who took part in the evaluation said that the application and selection process worked well, a few felt that it could be simplified. Some people said that the length of and level of detail required by the application form was off-putting. A few had to seek support to help them complete it.

<sup>5</sup> Community Champions trained through intersectional partners had a slightly different application and selection process experience. They registered their interest in the programme through their community organisation and attended an initial discussion day to find out more. Those who were interested in pursuing the opportunity completed volunteer application forms, which were sent to and assessed by See Me staff.

## 2.2 Volunteer training and Skills Development

Volunteers highlighted the importance of developing the skills and knowledge required to effectively challenge self-stigma, stigma and discrimination. This was provided to them through the core training provided by See Me depending on the role they intended to take on i.e. Community Champion, media or speaker volunteer. In addition to this training, volunteers indicated that they accessed additional, ongoing training, either through See Me or other organisations. This included Scottish Mental Health First Aid and a range of courses related to supporting people experiencing suicidal thoughts.

Discussions with volunteers indicated that See Me training is effective. They said that it is well delivered and accessible to participants with individual support needs. For example, travel and accommodation is arranged for those who require it to attend. They felt valued as part of the training and highlighted the sense of positivity achievement they gained from undertaking training, and about the skills and knowledge they gained.

It was so informative and fun and thank you... for having the faith in me to help in the fight against stigma and discrimination. I feel very [privileged] to be given the [opportunity] to work with you. After the training I feel so inspired and positive.

*See Me Volunteer*

This training has been a form of therapy for me and I wanted to feedback that although it's mentally challenging (in a good way) I have loved it. I've met a great bunch of people who I hope will stay in my life forever.

*See Me Volunteer*

For many, training was the highlight of their volunteer journey. Volunteers found the training delivered by See Me relevant and useful. Elements of training highlighted as working particularly well were the content, facilitators, opportunity to meet new people, gaining knowledge about different mental health conditions, approaches to tackling stigma and discrimination, relaxed environment and working as part of a team.

It has been an amazing time spent with you all, was great to see facilitative training and learning at its best.

*See Me Volunteer*

There was always an opt-out, so if it didn't feel right... There was never any pressure to do anything. Which was great because you could actually go at your own pace.

*See Me Volunteer*

The skills and knowledge that volunteers told us they gained through the programme included learning more about different types of mental health conditions, human rights-based and other approaches to challenging mental health stigma and discrimination, campaigning, peer support activities, mental health training delivery, public speaking and safely sharing stories of lives experience through a range of media channels.

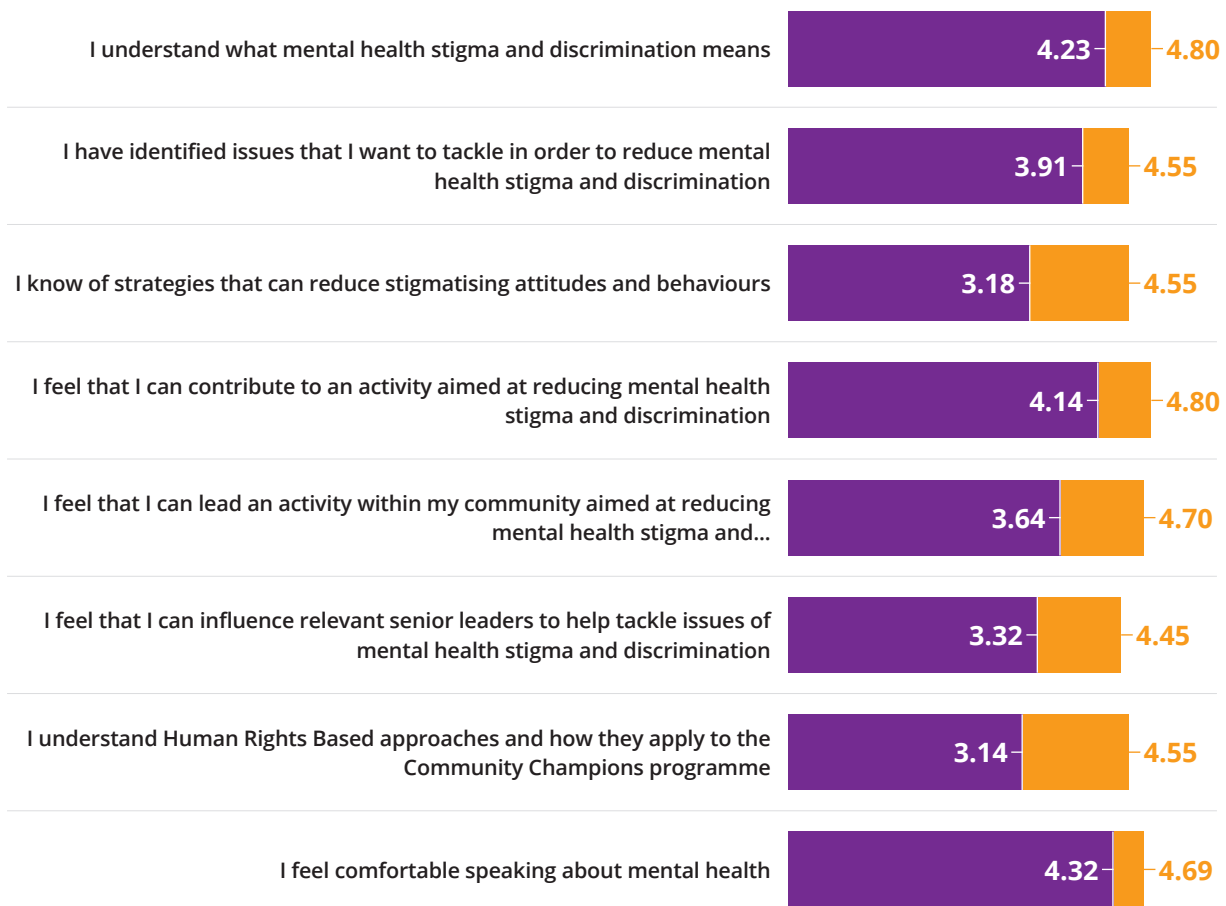


One of the things that I've continued to do is training for psychological intervention of psychosis.

*See Me Volunteer*

The qualitative findings are supported by the findings from the quantitative analysis of the pre and post training surveys. These demonstrate that overall, respondents reported that the training was successful.

### Pre and Post Community Champions Training Means



Pre Post 1 = strongly disagree and 5 = strongly agree

The areas in which participants reported the biggest changes in 2019, pre and post training were 'I understand Human Rights Based approaches and how they apply to the Community Champions programme', 'I know of strategies that can reduce stigmatising behaviours' and 'I feel that I can influence relevant senior leaders to help tackle issues of mental health stigma and discrimination'. These findings are similar to those from 2017 and 2018 pre and post training evaluation forms. The trends in pre and post ratings across statements are comparable, with the biggest changes related also to increased understanding of Human Rights based approaches and knowledge of strategies that can reduce stigmatising attitudes and behaviours.

It is positive that these fundamental elements of the training are having an impact on participants. It is also clear that participants are experiencing an immediate increase in all areas of their skills and knowledge relating to mental health stigma and discrimination as a direct result of the training. It should also be noted that no participants disagreed or strongly disagreed with any of the statements, either pre or post training, across the three years of Phase 2 of the programme (November 2016 - October 2019).

## 2.3 Delivery of anti-stigma projects and activities

Volunteers described their involvement in leading and participating in a wide range of anti-stigma projects and activities after their training. These include events organised by See Me and those organised and led by volunteers.

To try and open up more conversations about mental health.

*Event Participant*

Some volunteers had campaigned to raise awareness about mental health stigma and discrimination including taking part in various high-profile conferences where they displayed information, gathered feedback and engaged with people about mental health. Others gave interviews to journalists, had their stories published in newspapers and shared their stories on TV. Several volunteers also told us they delivered mental health training to others in a range of settings.

... we represented See Me in the [Scottish Mental Health Conference] for two days. Which was amazing. There were 14 countries there, and it felt really good. It made us feel proud to... represent Scotland and See Me.

*See Me Volunteer*

Among the volunteers that organised and led their own events this included running locally existing See Me initiatives such as Walk a Mile and hosting events aligned to broader initiatives such as the Scottish Mental Health Arts Festival and Time to Talk. Examples of other activities included podcasts, blogs,

choirs, peer support groups and workplace training networks. Volunteers discussed how connecting with other volunteers was useful for them developing their own ideas. This included attendance at the volunteer networking events. These were viewed as safe and welcoming spaces where volunteers could mix, connect and share.

The work presented was so diverse. Very refreshing to see how artists approach and perceive their struggles in a visual way.

*Event Participant*

Where volunteers delivered anti-stigma and discrimination projects in their workplaces, they aimed to change the culture of their working environments by delivering mental health training and events. They found the existing See Me resources such as the

e-Learning tool and Let's Chat helpful to support such initiatives. They liked these because they were able to take an already-developed concept and use it in their own communities.

Volunteers that talked about the community initiatives they started discussed these stemming from a recognised need for specific types of support in their communities. Often this related to the need and want for local peer support.

That was a huge part for us, setting up groups... we kind of help each other which we've learned to do... we have a debrief after meetings and we talk to each other about certain things.

*See Me Volunteer*



**Example: Mental Health Choir**

One volunteer started a Mental Health Choir, as a result of volunteering with See Me. The purpose of the choir is to raise awareness of mental health stigma and discrimination by performing at events. The volunteer discussed the idea with See Me and other volunteers. See Me agreed to support the choir financially for a period, and some fellow volunteers helped to develop the choir.

I thought why is there not a mental health choir? Why is there not a choir out there, fighting stigma and discrimination?

***See Me Volunteer***

The Mental Health Choir took time, learning and hard work to set up. The volunteer recruited a committee, applied for funding from See Me, recruited a choir master and members. Fellow volunteers helped with promoting the choir across social media channels. The choir performed for the first time in October 2019, at the 70th Anniversary event for the Mental Health Foundation in Glasgow, after only two rehearsals, receiving an overwhelming response. The impact of the choir on peoples' mental health will be evaluated by the University of Edinburgh.

The ethos of my choir... is to get in everybody's faces and let people see the people with mental health conditions... not everybody [in the choir] has got a mental health condition. There are people without mental health conditions. It's to let everybody see - everybody's got a voice. I never thought I could have done that (set up the mental health choir) and I would never have been able to do it without the help of See Me.

***See Me Volunteer***



### Example: Peer Support Groups



In a rural area of Scotland a See Me volunteer started a peer support group for men. The volunteer identified a need for mental health support, particularly among local male residents. He took inspiration from a similar group in another area of Scotland and tailored this concept to his community in which there has been a number of males who have taken their own lives.

I decided to set up a peer-to-peer support group. So [existing club] were up and running already and I saw how good it was, how effective it was... a bunch of guys sitting in a circle talking, and the impact it was having. I decided I'm definitely gonna do that.

***See Me Volunteer***

The peer support group is now very active, successful and has recently secured its own premises affording it greater freedom and sustainability. A women's peer support group has also been developed. Around 20 people attend each group, two nights a week. The volunteer raises funds in a range of ways to sustain the groups. Other towns in the region asked for help and advice to replicate the idea, and it is expanding.

... the community up there came to us to see if we could help them. We've been up there a few times. We've had... a community meeting to which they expected not many to turn up, but there was over 70 people. They had 17 facilitators wanting to get involved, so they decided that they're going to do it with the same format as what we use... So, they're ready to go in the next two weeks, so it's just brilliant.

***See Me Volunteer***

## 2.4 Sustained involvement in activities

Volunteers discussed their ongoing involvement in See Me. Some individuals said that several of their peers who trained within their cohorts had disengaged from the programme. They believed that this was due to a shift in the structure and focus of the programme around 2016.

... things started to change... it became, I would say, more focused on different things.

*See Me Volunteer*

Other volunteers have sustained their involvement to differing degrees, ranging from high levels of involvement to occasional contact with the programme. It was highlighted that volunteers exited the programme to focus on leading their own anti stigma and discrimination activities, independently from but influenced by See Me. While no longer directly connected to See Me, many of these initiatives continue to embed an anti-stigma approach resulting in sustainable local impact, and some of these volunteers told us that they still identify as See Me Community Champions.

If you look at what we're all doing from the first cohort, we're probably not that active with See Me directly, but we're still trying to share the message and everything, we want the same things.

*See Me Volunteer*

Volunteers who have been engaged with See Me for a number of years liked the flexibility of volunteering opportunities and

felt that this was one of the main reasons that they had sustained their involvement in the programme. The fact that they could get involved in volunteering when they felt able to and take a step back when required was valued. A strong peer support network was identified as another reason for sustaining involvement.

You're not pressurised whatsoever. That's what I love about it. If you were going through maybe a bit of a bad patch yourself, you can say look, can you not contact me for a month, or two months. It's not an issue.

*See Me Volunteer*

## 2.5 Challenges to sustaining involvement

Volunteers reflected on some of the challenges they experienced that made it difficult for them to sustain their involvement with See Me. The main theme that emerged was developing and sustaining peer support networks. Some volunteers lost contact with the peers they trained with which made it harder to sustain motivation and momentum. Rurality and geography were issues for a number of volunteers, in terms of maintaining contact with their peers. The resulted in some individuals feeling isolated from See Me activity happening elsewhere.

Because if you don't know who your support network is, then you don't realise you've got support. So it's to get to know people. They need to have more get-togethers.

*See Me Volunteer*

Other challenges to sustaining involvement that volunteers highlighted included a perceived lack of follow up support or aftercare from See Me beyond training, the Glasgow-based nature of volunteer opportunities and gatherings, personal challenges (primarily mental health problems but also physical disabilities), and lack of activity on the online volunteer hub.

We're sent out on our way, and the support ends there. And I think, perhaps, to sustain the organisation, you need to sustain the volunteers.

*See Me Volunteer*

I have been getting the impression that it's not used as widely as possibly. And if you're posting stuff up but you're getting very little response, then it's sort of off-putting for doing it again, I suppose, because you feel like it isn't really worth your time.

*See Me Volunteer*

## 2.6 Impact on volunteers: Changing Minds

Most individuals told us that their volunteering journeys were enjoyable and rewarding. They experienced a range of positive impacts through involving with See Me beyond the improved knowledge and skills described previously in the report. Many said they had become more confident about themselves and about sharing their personal stories of lived experience. Some explained that they became more confident through tackling self-stigma, supported by See Me training. Volunteers said that this gave them the confidence to use their experiences to help others living with mental health challenges.

Becoming a much more confident person... being able to share different experiences and relate to people who have had similar stories.

*See Me Volunteer*

Volunteers indicated that they experienced a greater sense of purpose as a result of volunteering with See Me. Most got involved in the programme because they wanted to make a difference to others and to their communities. Volunteers felt that they have positively contributed to the anti-stigma and discrimination agenda through raising awareness and social contact. They felt this has allowed them to contribute to society where they felt unable to in other ways, for example through employment, and this improved the mental health of some individuals.

But it feels... I'm giving something back... and therefore I'm kind of earning the benefits that I'm lucky enough to receive... Because that was a huge psychological challenge. So in many ways, it helps my mental health... in terms of a sense of identity, a sense of purpose. Contributing. All of these things are positive for my mental health.

*See Me Volunteer*

Volunteers talked about feeling a stronger sense of belonging because of their involvement with See Me. They felt part of a bigger social movement working with others to achieve common goals. People explained that their mental health conditions could often make them feel isolated, but that volunteering provided an opportunity to connect with others and share their stories. An important part of the programme for volunteers is

accessing peer support. Some told us that this enables them to remain motivated, enthusiastic and inspired. Support comes in different forms, such as joint working at events and to deliver projects or training and working collaboratively to develop project ideas. Often volunteers work together to combine their different skills sets, to implement ideas.

It's that whole idea of knowing you're not alone.

*See Me Volunteer*

Several volunteers said that their quality of life has improved since engaging with See Me. Some said that their relationships with family and friends had strengthened. They attributed this to volunteer training, networking and delivering projects to support others with mental health problems. Some said that volunteering improved their own mental health.

My anxiety's pretty much gone. It's improved my family's life and, and my own life and probably everybody around me, to be honest.

*See Me Volunteer*

The positive impact of See Me on volunteers is also evidenced through the findings from Community Connectedness surveys. The Community Connectedness tool is designed to provide insight into whether taking part See Me Community Champion training generates feelings of positive community connectedness.

In 2019 the most highly rated impacts of See Me were 'Taking part in activities and events organised by a community of people

with experience of mental health problems that tackles mental health stigma and discrimination is a positive thing for you' (**100%** agreed or strongly agreed), and 'You feel you are part of a community of people with experience of mental health stigma and discrimination' (**93%** agreed or strongly agreed). Other statements rated significantly highly by volunteers included:

- 'It is important for you to be active in a community of people with experience of mental health problems that tackles mental health stigma and discrimination' (**86%** agreed or strongly agreed).
- 'If we, a community of people with experience of mental health problems that tackles mental health stigma and discrimination, work together, we can solve the problems that affect us' (**86%** agreed or strongly agreed).
- 'You are proud to be a member of a community of people with experience of mental health problems that tackles mental health stigma and discrimination' (**71%** agreed or strongly agreed).

This provides us with a positive snapshot of how a small sample of volunteers – some longer term and some more recently involved – feel, as part of a community of people with lived experience of mental health problems. All volunteers who responded feel positive about taking part in anti-stigma and discrimination activities with others, and the majority feel proud to be actively part of a community that tackles mental health stigma and discrimination. Community Connectedness surveys from the previous year, when the tool was introduced to the programme, demonstrate similar trends. The most highly rated statements were the same in 2018 and 2019.



## 2.7 Impact on communities: Changing Practice

Social Movement is diverse, dynamic, organic and led by lived experience. Volunteers recognise the power of sharing their stories of lived experience, through social contact-based approaches, to raise awareness of and change attitudes and behaviours towards mental health within their communities.

They got a guy with lived experienced of psychosis... just his 10-minute talk changed the whole perspective of that course. It was a really powerful moment. That is vital, I would say.

*See Me Volunteer*

A tool for gathering feedback from Social Movement events called the 'overarching question' was developed in 2017/18 (year 2) in response to evaluation findings that highlighted the importance of moving beyond understanding the individual impact of See Me on volunteers, to explore the impact that the programme has at community level. The overarching question is based on the principles of community-based evaluation, and the role that volunteers can play to support this.

**139** individual responses to the overarching question were gathered across ten events during 2019. The majority of these events were volunteer led. This is a quick and effective way to capture the impact of community events. The comments to the overarching question provide an insight into the immediate impact of events and what people intend to do differently as a result of participating. Themes that emerged included:

**Increased physical activity:** the majority of responses were captured at Walk a

Mile events. Participants reflected on their increased physical activity as a result of taking part. Some individuals made the positive connection between their physical and mental health.

Get outside more at work. Going for a walk is a good way to get a break from a computer screen as well as getting more exercise.

*Event Participant*

I need to get out walking more and find time to catch up with friends.

*Event Participant*

To get out in the fresh air more and be more active.

*Event Participant*

**Talking more openly about mental health:** A significant number of individuals commented that taking part in events gave them the confidence to talk more openly about their own and others' mental health challenges. Some people said that they felt more able to start conversations about mental health. Some respondents indicated that they previously lacked the confidence or were unsure about how to start conversations about mental health but attending events helped reassure and alleviate some of these concerns.

Talk more confidently about mental health is I think someone I know is not ok.

*Event Participant*

### Example: partnership with SAMH / Paths for All



See Me partnered with SAMH and Paths for All to achieve greater reach and to more widely address mental health stigma and discrimination. SAMH's work to develop Scotland's Mental Health Charter for Physical Activity and Sport (in connection with the People Active for Change and Equality Project funded by Comic Relief) found that many people with mental health problems are not effectively included in the sport and physical activity community. Findings found that barriers to participation included 'invisibility of mental health', fear of judgment and stigma, confidence and anxiety.

This work allowed See Me to start to address some of the inequalities faced by those experiencing mental health problems in relation to their inclusion in physical activity. Evidence shows that there are significant benefits of physical exercise on mental health. SAMH and See Me formed a partnership with Paths for All to create a toolkit and training resource to support people in communities to take part in and lead mental health inclusive walks and to create the conditions for having conversations around mental health. The toolkit can be found [here](#).



**Example of community impact: Angus Voice**

Angus Voice is a collective advocacy organisation that works to influence services, to raise awareness of mental health and to challenge stigma. See Me worked with Angus Voice to facilitate a local event to encourage people to start a conversation about reducing mental health stigma and discrimination, to foster a fair and inclusive community for all. The event created a space for participants to identify existing positive anti-stigma activities within the community and the skills and experience that people could contribute. See Me shared lessons learned from wider Champion-led activities across Scotland and promoted the importance of education and social contact-based approaches to tackling mental health stigma and discrimination.

The partnership resulted in the formation of Angus McFlourish, which became a social enterprise called Angus Creative Minds (ACM). See Me connected ACM with the Scottish Mental Health Arts Festival to which it is a regular contributor. ACM continues to run inclusive events across the local authority using art to start conversations and challenge misconceptions around mental health.

The connection and collaboration between everyone. Inspiring thoughts and actions. Hearing and understanding other peoples' experiences and perspectives. The development of ideas. The amazing synergy that evolved and our vision that is evolving.

***Angus McFlourish Member***

Other comments from participants suggested that taking part in a range of events inspired them to try new things, made them feel more included and part of something, changed attitudes and increased their empathy towards others with mental health challenges. They indicated that they felt empowered from the power of lived experience stories.

I am going to make a blog for an Instagram team and I will spread the word about mental health.

*Event Participant*

People sharing their stories is always inspiring.

*Event Participant*

Just listening to people when they are talking to you about mental health instead of trying to find a solution.

*Event Participant*

It's ok to not always have the answer for people struggling but to keep asking 'are you ok.'

*Event Participant*

Fantastic! Changed my perspectives on mental health.

*Event Participant*

Themes that emerged from the 169 responses to the overarching question in 2018 gathered from eight events were somewhat comparable to 2019. Responses demonstrated that participants demonstrated increased empathy towards others, intended to get involved in activities that would improve their own mental health, become more physically active and speak more openly about their mental health challenges.

As a worker with the NHS. I will try harder to understand any patient I will encounter who suffers with mental health issues and not judge them. It has made me realise how common it is to struggle with various mental health problems and look out and encourage people to talk to someone.

*Event Participant*

I aim to walk at least 1 mile each day. I will talk to someone when I feel down.

*Event Participant*

I spoke about things I have never spoke about before.

*Event Participant*

## 3.0 Models of Delivery

See Me's Social Movement programme has evolved in approach over the past three years, as discussed in the introduction to this report. This has seen the programme shift from generic volunteer training, for reasons previously highlighted, towards upskilling partners to deliver anti-stigma volunteer training, projects and activities. This section of the report explores some developing models of delivery, including locality-based and intersectional partnership approaches to tackling mental health stigma and discrimination at community and local authority level.

### 3.1 Locality-based delivery models

See Me has developed a range of strategic partnerships with locality-based partners during Phase 2 of the programme, (November 2016-October 2019). The rationale for this approach is highlighted in the introduction to this report. The main locality-based partnerships are with Fife Voluntary Action and Moray Wellbeing Hub. These partnerships are at different stages of delivery. Some examples of locality-based working are presented below.

#### 3.1.1 Case study: Toward a Stigma Free Moray

##### *Background to the case study*

Moray Wellbeing Hub (MWH) received See Me funding between March 2019 and February 2020 to tackle mental health stigma and discrimination in Moray through a pilot

project. The funding was awarded to build on the existing work of MWH which was established as a social enterprise early in 2018. The aim of the pilot project is to create an innovative local authority-based model that effectively tackles stigma and discrimination in partnership with See Me. This case study is based on the views of nine individuals including the MWH Director, Champions and partners.

##### *Background to the project*

Toward a Stigma Free Moray is working towards four overarching outcomes: Increased effective partnership working between MWH and See Me; Changing Policy, Changing Practice, and Changing Minds. Underneath this sits See Me's six medium terms outcomes. The project is based on lived experience and draws on the experience of local (MWH) and national (See Me) social movements, working together in a mutually beneficial relationship. See Me and MWH share training and resources to support each other to develop through sharing learning.

##### *Impact*

Evidence indicates that the project is delivering positive outcomes for individuals. The Champion approach is unique to Moray and there are around 180 active Hub Champions who take part in events, gatherings and training with a focus on mental health and stigma and discrimination. Several Champions deliver mental health training<sup>6</sup> and consultancy services<sup>7</sup>. To deliver outreach work, Champion must undertake specific training.

<sup>6</sup> Training delivered by Champions during 2018/19 included Wellness College courses, the WELL programme and Helping People Change for Health.  
<sup>7</sup> MWH Champions delivered paid-for social enterprise training to 52 business employees in Moray.



I think the model, including Champions, is pretty unique and has developed through this whole process very consciously.

*MWH Partner*

Anecdotally the positive impact of MWH on individual Champions has been powerful. The Hub Director described the experience for some as 'lifechanging.' Many have experienced improved confidence and self-esteem, quality of life and independence, and gained skills, knowledge and qualifications. Peer support and social contact between those with lived experience and those who may not plays a significant role in achieving positive outcomes for individuals.

I guess it's recognised as well that one of the empowering things about being a Champion is seeing yourself as an asset. MWH Champion

Partnership working with See Me and other organisations has positively influenced the work of MWH. The Hub Director said that MWH and See Me have a history of positive partnership working. Alongside funding, See Me was willing to support the Hub as an unprecedented initiative where other partners and funders were not. The Director said that working with See Me has broadened MWH peer networks which has allowed it to grow. Local partners felt that being endorsed by See Me was very important for the development of MWH.

It's [partnership with See Me] so symbiotic, and so useful. They provide a safe harbour, a pantry dish to grow.

*MWH Partner*

I think it's made a significant difference, the fact that they're getting supported and recognised by See Me. The funding in a sense validates we're doing something really exciting.

*MWH Partner*

Highlighting impact on the local service landscape, partners commented that MWH is an integral part of the support system in Moray for people seeking support with their mental health at local level. It offers another support option for people particularly for those who don't engage well with traditional health and social care services.

We go into all sorts of exciting and challenging landscapes and that also means we are working very closely between the edges of things, between the boundaries of things... where things can be uncertain and feel quite challenging.

*MWH Partner*

A large part of the success of the Hub is the skills, experience and leadership of its Director and Champions. Different aspects of existing approaches to, and experiences of, mental health and recovery have been drawn upon, including Recovery Colleges, and combined and tailored to inform the work of MWH. A clear vision for the Hub driven by its Director has enabled this.

Anyone can start a social movement, but you need someone who's a catalyst, and the catalyst takes all of these bits that they do. They are a collector. They have a mindset. That helped me to put this together.

*MWH Partner*

Partners believe that MWH has a tangible impact on local communities. Before the Hub emerged, there was nothing similar in Moray. Celebrating people as assets and supporting them to take ideas forward has empowered individuals and their communities. Partners said that having trained Champions on the ground living MWH values and working in communities is powerful.

It matters having Moray Wellbeing Hub here on the ground. Being part of communities and actively living values. That's why this works.

*MWH Partner*

Partners said that they welcome the Hub's new way of working and see it as a part of the overall strategic planning process in Moray. One said that MWH has challenged the system and supported professionals in the health and social care sector to recognise that there are different ways to tackle poor mental health. Another said that Hub Champions contribute to strategic conversations as equal partners and bring something different to the table and work with organisations in a more dynamic way... than the statutory or third sector do. And a partner explained when commissioning services in Moray, services are required to employ a proportion of staff with lived experience.

They are very good at holding us to account and getting us to consider the broader picture. We have a very strong working relationship.

*MWH Partner*

I feel genuinely the commissioners are saying 'How can we change this?'

*MWH Partner*

On influencing policy, MWH and See Me played an important role in helping to shape Moray's Joint Strategic Needs Assessment. A partner described the added depth of qualitative intelligence provided by MWH and the contribution of See Me in relation to stigma and social isolation references that informed its development<sup>8</sup>. See Me and MWH were invited to attend Moray's Joint Needs Assessment Working Group to influence and building connections for future working.

They were able to help to counterbalance the numbers with a qualitative view in terms of the importance of mental health and wellbeing. We were able to build that into the strategic needs assessment... so mental health and wellbeing is now a strategic priority.

*MWH Partner*

They're an indispensable resource in Moray, in terms of the whole self-management agenda... without a doubt.

*MWH Partner*

<sup>8</sup> Mental wellbeing is highlighted as a focus of Moray's Joint Strategic Needs Assessment. Moray Wellbeing Hub CIC is featured in the report as a social movement and enterprise that harnesses lived experience to create change, and supports local services delivering health and social care.

### Learning

Strong leadership is a key success factor of the Hub's social movement. Champions with lived experience, skills and knowledge drive forward the work of MWH on the ground, facilitated by strong and clear leadership. The Hub Director wants to progress MWH to the stage where other Champions can attend strategic health and social care meetings, a place where all Champions are recognised as valuable contributors, ensuring that it becomes truly a sustainable community asset.

This process, it doesn't mean I will be the person who leads it. I'm just here to do the process. I have the right to walk away.

*MWH Partner*

I do wonder that it takes a particular type of person, and I think that [MWH Director] is an inspirational person who just puts all her energy into this.

*MWH Partner*

It takes time and persistence to break down barriers and encourage health and social care professionals to buy into a new and innovative way of working embodied by MWH. This did not come without its challenges, however many senior figures within health and social care were keen to explore partnership working with the Hub. It is felt that the visibility of the Hub, more so than other volunteer-led organisations, is integral to its success. A partner commented on the fact that MWH works at both strategic and operational levels, which makes it unique.

For other parts of the service landscape it feels more threatening, more challenging. It kind of has to be challenging and disruptive.

*MWH Partner*

The Hub Director and partners agreed that timing influenced the success development of MWH. The beginning of the Hub coincided with health and social care integration within Moray which led to a rethink in the way the HSCP worked. Some felt that this provided more opportunities for MWH to become part of this wider, transformational change. Support from the Scottish Recovery Network played a significant role in enabling the Hub to grow.

I think all of those factors came together in a very favourable way.

*MWH Partner*

### Next steps

MWH will continue to work on evidencing its impact to facilitate the growth of MWH and leverage additional funding. It will work on engaging more Young Champions in the future. It is felt that this will energise the work of the Hub and bring fresh perspective. This could support MWH to work with families to challenge mental health stigma and discrimination faced by young people.

Because they're a powerhouse. If we can get them, we can solve quite a lot of the challenges that we have over here because they're the ones with the answers.

*MWH Partner*

The Director of MWH acknowledges that there is more work to be done to eliminate stigma in health and social care commissioning in Moray. While it feels like decision making structures are slow to change, it also seems that professionals are more open to honest conversations about stigma.

You've managed to convince people that you're credible enough to be there, but will that then be attributed to people with lived experience? How do we really make that embedded in systems, structures?

*MWH Partner*

There are plans to continue the growth of MWH into the future. Business growth, visibility and online promotion to complement work on the ground will be goal of MWH in the immediate future. The Director and partners are focused on the sustainable growth of the business, in a non-hierarchical way.

That's the next part of the journey. We're trying to model for fellow third sector organisations a completely tier level, self-managing organisation.

*MWH Partner*

### 3.1.2 Example of locality-based work: Fife Voluntary Action – Delivering Differently

Delivering Differently is a project part funded since April 2019 for 12 months by See Me, being led by Fife Voluntary Action (FVA). Commencing in October 2017, the initial 18-month phase of the project was funded by the Scottish Government's Employability Innovation and Integration Fund. The aim of the project is to work with partners, providers and people with lived experience of mental health problems to improve employment outcomes for people in Fife who are experiencing mental health issues. The project is developed in partnership with the Third Sector Interface for Fife. It reports to Fife HSCP and the Opportunities Fife Partnership (OFP). This example is based on the views of the Strategic Coordinator for Delivering Differently.

See Me continuation funding has enabled the project to continue with a shift in focus to personal outcomes and challenging mental health related stigma in key employability sectors. The project vision is 'that people with mental health problems in Fife are supported to aspire in life and work and can easily access appropriate support as and when they are ready to make the journey (back) into work'. The outcomes defined for stage two of the project are:

- To improve personal outcomes for people with lived experience of mental health problems in Fife.
- To create mental healthy workplaces.
- To grow the voice of people with lived experience in Fife.

The Strategic Coordinator of Delivering

Differently outlined that main stages of the project and the impact of working in partnership with See Me on the progression and outcomes of the project. Prior to the end of the initial funding period, the Coordinator contacted See Me to explain work that had been delivered. See Me felt like a natural partner for the project because of its anti-stigma approach, even though this was not explicit in its first phase.

We'd involved people from the get-go, all our workshops have been collaborative. Strategic Coordinator, Delivering Differently

See Me was keen to work with FVA to support it to grow the work that had begun around anti-stigma conversation, growing the voice of lived experience and to help improve people's personal outcomes. The Strategic Coordinator initially approached See Me to find out if any work was underway that could inform the future development of Delivering Differently.

Delivering Differently was always about working in partnership with existing resources, existing provision, existing structures, not trying to create something new. Strategic Coordinator, Delivering Differently

The partnership has been beneficial for a number of reasons. The Strategic Coordinator said that See Me brought lived experience expertise. See Me's experience of working with and training volunteers with lived experience to tackle mental health stigma and discrimination is invaluable. Delivering Differently is trying to develop a similar model of volunteering through Team Experience and is learning about best practice from See Me. Team Experience volunteers will access tailored Community Champion training through See Me to equip them to tackle stigma and discrimination in their own communities.

The skills and knowledge See Me has around how to support volunteers in this sector, the training that is available, and the understanding. Strategic Coordinator, Delivering Differently

The project partnership with See Me has also helped to grow the conversation around stigma locally and generate a better understanding of what stigma means. The Coordinator hopes that the project will also benefit from the knowledge and learning captured and tools developed through the See Me **in Work** programme, around stigma in the workplace.



## 3.2 Intersectional delivery models

See Me has developed a range of strategic partnerships with intersectional partners during Phase 2 of the programme, (November 2016-October 2019).. The rationale for this approach is highlighted in the introduction to this report. The main intersectional partnerships are with LGBT Health and Wellbeing, deafscotland, Glasgow Association of Mental Health (GAMH) and Feniks. These partnerships are at different stages of delivery. Two examples of locality-based working are presented below.

### 3.2.1 Example of intersectional approach: Inclusion Against Stigma

#### Background

LGBT Health and Wellbeing has been working in partnership with See Me since January 2018 to deliver a three-year action pilot called Inclusion Against Stigma. See Me's expertise in mental health stigma and discrimination and LGBT Health and Wellbeing's expertise in the LGBT sector are joined up to form a new partnership that aims to tackle mental health stigma and discrimination by growing social contact-based work within the LGBT community. This example is based on an interview with the LGBT Health and Wellbeing Development Worker.

#### The project

Inclusion Against Stigma works towards achieving two key outcomes: to reduce mental health stigma and discrimination within the LGBT communities; and to reduce the multiple stigma and discrimination experienced by LGBT people more widely in communities

and key settings. The project aims to explore issues of multiple stigma related to belonging to the LGBT community and having lived experience of mental health problems. Evidence shows that members of the LGBT community are at greater risk of experiencing mental health problems. A gap in tackling mental health stigma and discrimination within the LGBT community was identified therefore the project involves training members of LGBT Health and Wellbeing as See Me Community Champions.

#### Impact

Evidence indicates that the project is delivering positive outcomes for individuals. Community Champion training was delivered to 11 participants across two cohorts, during 2018/19. Some LGBT Champions have gained training delivery skills and experience through the project. Community Champion training is now delivered by the Development Worker along with previously trained LGBT Champions. This has given them the skills and confidence to deliver training to future Champions. Having training delivered by their peers was also beneficial for participants.

It's good for their confidence and their skillsets... supporting new Champions

**LGBT Development Worker**

I think that peer-to-peer it really gave them a sense of what it's like to be a Champion and what is expected. It's good peer support.

**LGBT Development Worker**

Following training, Champions worked on creative ideas and approaches to tackling

mental health stigma and discrimination. This involved developing the See Me Proud brand for their project, including resources, social media and t-shirts. Examples of anti-stigma activities that LGBT Champions have been involved in include Pride events where Champions hosted See Me Proud stalls to raise awareness of mental health and start conversations with people.

LGBT Champions developed a strong peer support network through the project. They meet on a regular basis to plan activities as a group, to share ideas and learn together. Champions meetings now take place monthly, supported by the Development Worker. These meetings provide a safe space for members to share and support each other. The Champions also set up a private Facebook page to communicate with each other in between face-to-face meetings. Regular communication and support established by Champions has a beneficial impact on members.

Hi folks, had a good meeting tonight. Just want to say thanks for all being fab. I was feeling a bit down and sluggish today and having the meeting to look forward to and really focus my energy on something I enjoy doing was really good. LGBT Community Champion

The impact of working with See Me has been positive for LGBT Health and Wellbeing. Partnering with See Me provided it with the support and expertise required to develop an initiative to tackle mental health stigma and discrimination in the LGBT community.

The first year has been amazing in terms of the support I've had... without that support and guidance I don't think I would have been as confident to do it justice.

*LGBT Development Worker*

It gave me the encouragement and confidence to then deliver the second cohort. I was a bit nervous about it... but actually it was amazing.

*LGBT Development Worker*

It was important to the Development Worker and colleagues that See Me Proud materials were co-branded with See Me to realise the benefits of association. See Me was flexible with the way that resources were adapted and branded, which added value to the project.

This is a great opportunity because See Me has got a really great reputation.

*LGBT Development Worker*

### Learning

This project provides an example of delivering See Me Community Champion training through strategic partnerships to achieve greater reach and diversity. To ensure that recruitment and training resources were tailored to reflect the specific needs of LGBT Health and Wellbeing, application forms were amended to be more LGBT inclusive.

Developing a project associated with an already established and recognised community group is an effective way to ensure success. See Me Proud can tap into LGBT Health and Wellbeing's social media and other resources to raise awareness, promote training and start community conversations. Having a dedicated worker to provide group and one-to-one support to Champions is valued and helps individuals to sustain engagement.

Facilitating the growth of a strong peer support network has helped members to sustain their involvement. While the group

proactively kept in contact with one another having the Development Worker to monitor and coordinate this has been of real benefit. This has resulted in a well-established See Me Proud peer support group that has become self-sustaining. See Me Proud Champions would also welcome networking opportunities with wider See Me volunteers. It was felt that this would support sharing and learning from experiences of See Me volunteers and encourage the continued growth of peer support networks.

### **Next steps**

Further Community Champion training is planned for early 2020, to continue to grow the volunteer base and build on the successes of the project. This will give more LGBT Champions the opportunity to gain skills and knowledge through co-delivering training with the Development Worker and help to build project capacity and sustainability.

## **3.2.2 Example of intersectional approach: deafscotland**

### **Background**

See Me has funded and worked with deafscotland for around three years. The intersectional partnership has a focus on continuing work with harder-to-reach communities to tackle mental health stigma and discrimination for those affected by deafness in an inclusive way. Evidence shows that people affected by deafness across the four key pillars<sup>9</sup> are at increased risk of mental ill health. Opportunities to build resilience and peer support to help prevent mental health problems for those affected by deafness is reduced by a number of factors including lack of knowledge and understanding of concept and impact. This example is based on a group discussion with two representatives from deafscotland.

### **The project**

deafscotland is aiming to adapt the essence of the See Me programme to be fully accessible to Deaf British Sign Language users. This has been a phased approach initially identifying the need to raise awareness and build capacity among BSL users in relation to mental health stigma and discrimination. deafscotland intends to access Community Champion training through See Me, to adopt the Champion approach. The partnership works towards two intended outcomes:

- To reduce mental health stigma and discrimination within D/deaf communities.
- To reduce the multiple stigma and discrimination experienced by D/deaf people more widely in communities and

<sup>9</sup> Deaf/Deaf BSL; deafened; deafblind, and hard of hearing.

key settings.

With funding and support from See Me and The ALLIANCE deafscotland developed several short and accessible film clips, incorporating BSL, subtitles and voice over. The film clips were launched in April 2019 and provide information and stories about issues including mental health, anxiety, depression and bereavement. The film clips were co-developed with those affected by deafness including BSL users. The project also involves training peer supporters, trailing a baseline mental health survey and promoting awareness of the stigma and discrimination faced by people affected by deafness and sharing learning.

### *Partnership working*

A representative from deafscotland said there are synergies between the organisation and See Me. The significant number of people affected by deafness and mental health problems can often be overlooked. The concept of empowering people to take control of their lives and mental health and preventative approach of See Me, resonated with deafscotland. Often it is seen as less acceptable to have a mental health problem in the deaf community because there is a lack of understanding and it is not seen as the norm. Working with See Me has helped to break down these preconceptions.

The impact they've [See Me] made in society in Scotland has been great, and the work they've done with deaf people has been phenomenal compared to other mental health organisations.

*deafscotland representative*

Everybody has mental health. Some people have good mental health, and some have bad mental health... they forget about deaf people, thinking it's a small minority, but it's actually one in five of the population.

*deafscotland representative*

### *Impact*

Emerging impact of partnership working between See Me and deafscotland has demonstrated increased confidence and improved awareness of mental health conditions through the survey and indicates that BSL users identify with the issues raised by the film clips. There has been about 10,000 views of each of the film clips. The launch of the films raised awareness of the mental health challenges face by people affected by deafness. Using See Me's national platform, deafscotland has been able to grow its reach and communicate messages more widely.

We really wanted to get our messages out to everybody... taking that whole population approach.

*deafscotland representative*

We're very much about the social model and how we break down barriers, rather than how we fix the individuals.

*deafscotland representative*

Working with See Me enabled deafscotland to explore a peer support approach as an alternative to traditional services and care. It has also supported deafscotland to reframe its work in the language of human rights and understand more about prevention and early intervention. It has emphasised

the importance of using the voice of lived experience to co-produce messaging and materials.

I think the benefit to us and to See Me is that we've had deaf people at the heart of the work that we've been doing.

*deafscotland representative*

Funding from See Me allowed deafscotland to leverage other investment that has made work around mental health stigma and discrimination among those affected by deafness possible. But also the faith that See Me placed in deafscotland to achieve positive outcomes was important.

### ***Learning and next steps***

The project has encountered some challenges along the way including sourcing match funding to progress the work and the time taken to ensure that activities were genuinely BSL-led. Moving ahead there is a clearer understanding of the timescales involved in accommodating language and communication barriers.

deafscotland will focus on securing additional investment to build on the anti-stigma work they have begun. The next stage of work will be about getting the anti-stigma message out beyond the deaf community. deafscotland would like the opportunity to raise awareness among and educate health and social care professionals about the unique mental health challenges faced by deaf people. An early intervention and prevention approach could result in longer-term savings for health and social care services because due to the complex communication and language barriers involved.

Sourcing funding to undertake in-depth research about the interaction between deafness and different types of mental health conditions, to demonstrate the need for mental health support for those affected by deafness is a priority going forward. An increased focus on the impact of mental challenges on young people affected by deafness is being explored. Future work with See Me around influencing policy and national decision making about investing in mental health for people affected by deafness is also a priority.

I think we've learned a lot from our involvement with See Me in terms of the campaigning work and approach.

*deafscotland representative*



## 4.0 Discussion

### 4.1 Social contact

Social contact is integral to the programme and can be defined as 'Conversations that take place between people who have lived experience and those who may not'. Harnessing the individual and collective power of lived experience and facilitating deliberate social interaction between those with stigmatised characteristics and those who do not, are essential to generating wider knowledge and awareness of mental health stigma and discrimination and to creating successful social movements. See Me creates opportunities for social contact through facilitating events, activities and initiatives that provide people with lived experience a platform to share their stories safely with others. Volunteers and partners highlighted that that social contact is key to changing behaviours and cultures. People also talked about the increasing importance of non-direct social contact, communicating messages and stories about mental health using a range of media channels as more people turn to online and social media for information.

### 4.2 Peer support and networking

See Me can reduce feelings of social isolation and increase opportunities for social interaction by enabling individuals to interact and share with others who have common goals, to make a difference within their communities and society. Peer support and networking is facilitated through volunteer training, gatherings, peer support groups, events and activities. It happens in different settings, from workplaces, to schools and communities. Being able to talk openly about experiences of mental health is an important

part of connecting with others and many like to do this person-to-person.

### 4.3 Education

Through projects, events and interactions, See Me volunteers are trained to adopt a social contact education-based approach to tackling stigma. For many volunteers training is the highlight of the Social Movement programme. Improved confidence, awareness, skills and knowledge and more safely and effectively tackling mental health stigma and discrimination is attributed to training. It is the springboard for many volunteers to take forward ideas, projects and activities to promote better mental health. Often volunteers developed a peer support network through their training cohort, and some support networks have been sustained over several years. Volunteers said that training gave them a better understanding of their own mental health conditions and the mental health conditions of others, which results in increased empathy and desire to make a difference. Some volunteers went onto undertake further mental health training such as Scottish Mental Health First Aid training. The opportunity to gain more skills and knowledge influenced and enhanced volunteer-led projects and initiatives.

### 4.3 Sharing learning

Sharing learning about the successes and challenges of tackling self-stigma, stigma and discrimination is important to volunteers and partners. When work to tackle mental health stigma and discrimination is joined up it tends to be more effective. The opportunity to share

learning motivates volunteers and partners and they expressed a desire for clarity about work happening elsewhere in Scotland. Exploring barriers to progress is important because there is a need to learn from what does and does not work. Working in silo should be avoided but it is recognised that See Me works to facilitate shared learning where it can. Growing effective peer support networks is an important element of facilitating shared learning, both locally and nationally.

## 4.4 Leadership

### 4.4.1 Volunteering

Leading by example and demonstrating to others that it is okay not to be okay was highlighted through the evaluation as one of the most effective ways of tackling stigma and discrimination around mental health. Volunteers involved in workplace initiatives talked about the importance of senior management buy-in. The most successful workplace projects were those where senior managers demonstrated an openness to trying new things and had a belief in anti-stigma messages even where it would involve additional resource or investment or if they risked exposing a mentally unhealthy culture in the process.

### 4.4.2 Strategic partnerships

Leadership is an important element of the success of locality-based and intersectional projects. The project leads in Moray and Fife brought a wealth of experience from working in mental health to their partnerships with See Me. Project leads also brought personal lived experience to the work. The combination of leaders offering professional and lived experience alongside a passion for

achieving equality for people with mental health conditions appears to be a condition of success. Project leads are skilled at identifying useful elements of a range of different approaches and blending these, resulting in tailored local initiatives with a focus on mental health self-stigma, stigma and discrimination. Initial success can often be attributed to one person who is the catalyst for motivating others. Sustainability and finding a way of replicating these successes can be more challenging.

## 4.5 Empowerment

Many volunteers talked about feeling empowered because of their involvement with See Me. Individuals discussed their personal development through the programme which made them feel more confident and in control of their lives, and able to contribute to their communities and to society which creates a sense of purpose. By giving people a voice, individuals are empowered to be heard and share their stories of lived experience to make a difference. By equipping individuals with knowledge, skills and tools volunteers felt more able to take action and deliver anti-stigma and discrimination projects and initiatives. Having their voices heard was central to volunteer empowerment, and many said that See Me gave them a national platform to achieve this. Volunteering with See Me gave individuals a sense of authority that they have the power to tackle stigma and discrimination which they often did not feel they had before. Being part of a strong peer support network (which often grows from training cohorts) supports volunteers to feel empowered, as does visible support from and regular communication with See Me.

## 4.6 Protest

People feel that they can have their voice heard through See Me. The programme provides a platform for sharing stories and experiences of mental health that people might not otherwise have. It gives people the opportunity to challenge negative attitudes and behaviours towards those with mental health problems. Some volunteers came to the programme with experience of activism, while others told us they discovered activism through See Me. The latter said the programme helped to demystify activism and supported people to understand it in its different forms. Volunteers described individual experiences of activism. For some it meant campaigning and taking part in local and national events to share information and experiences of mental health. For others it meant supporting roles such as working with See Me to help develop and test tools and resources to continue to improve the programme. A few individuals had negative experiences of engaging in activism before becoming involved in See Me. They felt that the programme promotes a 'gentle activism' in a non-judgmental environment. They recognised that different people bring different skills and experiences to which is what makes See Me successful.

## 4.7 Partnership working

Through partnership-based delivery models the Social Movement programme encourages a community-led approach to tackling stigma and discrimination. This supports volunteers to harness the strength of existing local assets and relationships to drive forward common projects in familiar and supportive environments. See Me can add weight and value to intersectional and locality-based projects by helping local organisations to remain focused to embed stigma and discrimination messages into their social movements. Joint working combines the expertise of See Me and partners exploring and addressing issues of multiple stigma arising from intersectionality.

See Me provides the expertise, approach, tools, resource, training and potentially funding to enable local groups and organisations to take their own anti-stigma work forward in a more structured and supported way. This has given some partners the confidence to push boundaries and achieve more through anti-stigma and discrimination work than they would have alone. The partnership approach equips organisations to deliver volunteer training thereby extending the reach and capacity of See Me. As a well-known and respected anti-stigma and discrimination programme, partners experience benefits from the national platform provided by See Me. This can help partners leverage additional funding, resources and support.

## 5.0 Conclusions and Recommendations

### 5.1 Progress towards outcomes

#### 5.1.1 Highlights of progress towards outcome 1

**Developing skills and knowledge:** training evaluation data gathered from participants demonstrates that the programme is equipping volunteers with the skills, knowledge and tools to individually and collectively challenge self-stigma, stigma and discrimination.

**Developing skills and knowledge:** through discussions volunteers talked about gaining the skills, knowledge and tools to individually and collectively challenge self-stigma, and stigma and discrimination. Section 2.0 of this report details the ways in which the programme provides volunteers with access to learning and training opportunities.

**Developing confidence:** volunteers said that See Me gave them more confidence to challenge self-stigma, stigma and discrimination. Many previously lacked the confidence and knowledge to take action to do this. Individuals said that because of See Me, they felt more confident in situations where they would not have before, for example when sharing their stories or dealing with negative reactions.

**Challenging self-stigma:** See Me enabled some volunteers to better understand and challenge self-stigma. For some this was the biggest impact of the programme. A few volunteers said that the first step for them was to recognise and address their own self-stigma which allowed them to tackle stigma and discrimination in their communities.

**Making a difference:** through delivering anti-stigma and discrimination projects volunteers felt that they had taken positive steps to tackle stigma and discrimination. While it was acknowledged that there was much more to be done, some told us they had seen positive results. It was evidenced by more public conversation around mental health, particularly in the media, and less stigmatising attitudes and behaviours towards individuals with mental health problems.

#### 5.1.2 Highlights of progress towards outcome 2

**Feeling safe and confident:** some volunteers told us that before getting involved with See Me they had not disclosed their mental health problems to many (or any) other people in their lives. However, volunteer training made them feel able to talk about their mental health conditions. The training supported some people to feel safe and confident enough to talk openly about their stories.

**Inspired to talk about mental health:** engaging with See Me inspired many volunteers to talk openly about their mental health for the benefit of themselves and others. This empowered volunteers and for some removed shame about their mental health conditions. Volunteers were inspired to start conversations, tell their stories, to use their negative experiences to help others and to normalise mental health conditions.

### 5.1.3 Highlights of progress towards outcome 3

**Having a voice:** some people told us how they felt more confident to claim their rights because of involving in See Me. They recognised that they are equal to others regardless of their mental health conditions. Volunteers said that they were more willing and able to use their voice to help themselves and others.

**Understanding and claiming rights:** individuals explained how becoming programme volunteers helped them to understand their rights. Some said that being part of the programme gave them the confidence to stand up for and claim their rights. People said that the power of the programme is in supporting volunteers to realise their rights through providing opportunities to be themselves in a safe environment.

### 5.1.4 Highlights of progress towards outcome 4

Progress towards Outcome 4 is evidenced by the impact of social contact-based volunteer education and training. Access to training equips volunteers with greater knowledge and awareness of what mental health stigma and discrimination looks like and where it originates. Training evaluation data tells us that volunteers gained increased understanding of the nature and source and impact of stigma and discrimination, a right-based approach and what works in tackling it. The data from the last three years shows that the biggest changes in volunteer knowledge and understanding have been around human rights-based approaches, strategies to reduce stigmatising behaviours and influencing leaders to help tackle mental health stigma and discrimination. This illustrates that

individuals become more aware of their rights in relation to stigma and discrimination and how to take steps to tackle it.

Some volunteers told us about how engaging with See Me helped them to understand more about their mental health problems through connecting with others and talking more openly. Many had never had conversations about mental health stigma and discrimination before, even with family or friends. Access to training that they might not otherwise have accessed increased the understanding and knowledge of stigma and discrimination among volunteers and partners. It supports people to explore the root causes of self-stigma, stigma and discrimination and its impact, and what works to tackle it. Further, See Me supports people to understand more about different types of stigma including multiple stigma arising from intersectionality.

## 5.2 Suggestions for improvement

Volunteers suggested a range of ways in which the successes of the See Me programme could be built upon and improved for the future.

**Self-care:** some suggested that See Me does more to support volunteer to prioritise their own self-care while working with the programme. This could involve reminding volunteers regularly about self-care and themed workshops.

**Volunteer recruitment:** a number of people highlighted improvements that could be made to the volunteer recruitment process. These included better matching individuals to volunteering opportunities and clarifying the roles and responsibilities of volunteers.

**Managing volunteer expectations:** some individuals said that they were not clear about



the role of a See Me volunteer and would like clearer direction and a better understanding of what support they could expect from See Me to fulfil their roles.

**Volunteer networking:** more frequent volunteer gatherings and more opportunities to share volunteering successes, challenges and learning were suggested by volunteers. Regional and national networking events, coordinating local volunteer support groups and a formal peer mentoring approach were other ways in which some individuals said that the programme could improve.

**Promoting volunteer projects and activities:** some people suggested that See Me could provide more support to promote volunteer projects and activities. It was reported that some volunteer events lacked a See Me presence, and that the programme could use its social media channels more effectively to publicise and extend the reach of projects.

**More volunteering opportunities:** several individuals wanted more ways to engage with See Me, and many had ideas that they would like to pursue but had experienced barriers to progressing. These included talking about mental health to vulnerable young people and parents in education and care settings and developing employability programmes to support people with mental health problems find employment.

**Improving the online volunteer hub:** some volunteers suggested that the hub might be used more if it were mobile friendly. Other ideas for improving the hub included making it a part of volunteer training and being able to upload video clips and other resources.

**Programme visibility:** a number of volunteers felt that the programme could be

more visible to the general public. Some said that See Me needs to have a presence beyond Glasgow to have more impact. Volunteers recognised the limits of programme capacity and acknowledged that as part of Social Movement, they had a role to play in this.

## 5.3 Recommendations

### 5.3.1 Recommendation one for See Me: volunteer recruitment process

It is recommended that See Me reviews the volunteer application form to reflect the different mental health challenges that volunteers live with, based on feedback that some found it difficult to complete. Lessons could be learned from funded organisations that have decided against volunteer application forms because individuals engage with different programmes for very different reasons. Instead some projects have clearly defined values and rules for engagement that volunteers are expected to adhere to. Emphasis could be placed on matching individuals with the most appropriate and relevant volunteering opportunities.

### 5.3.2 Recommendation two for See Me: volunteer support model

While each volunteer journey is very individual, there are common elements that could ensure that there is more consistency for all individuals engaged with See Me. It is recommended that See Me outlines a model of support for all volunteers, there are clear definitions of volunteer roles and responsibilities, and a transparent timeline of support during and beyond training, to support sustainable involvement.

### 5.3.3 Recommendation three for See Me: transition to a dual delivery model

In moving from a direct delivery to combined See Me and partner-led delivery model, volunteer training will become less generic and more targeted<sup>10</sup>. To ensure that individuals who trained under the generic volunteer model continue to feel included in the programme, it is recommended that See Me develops a plan of ongoing support for volunteers is developed that will carefully manage their transition into self-directed volunteering activities that will still enable them to identify and work with See Me. It is also recommended that See Me clearly communicates its plans for future programme development with all volunteers.

### 5.3.4 Recommendation four for See Me: establishing tired levels of volunteer support

To further support the transition of volunteers from being largely See Me towards peer-supported, it is recommended that volunteer support structures are strengthened at different levels. For example, regional gatherings for volunteers located in different areas of the country could be facilitated, supplemented by volunteer-led local support networks coordinated by See Me. This would allow volunteers to support each other in a locally with See Me support, while also having the opportunity to connect with the wider volunteer network during the year.

### 5.3.5 Recommendation five for See Me: cross programme connections

It is recognised that See Me is working to create cross programme links including

connecting adult volunteers and young champions. This aligns with the views of some adult volunteers in this evaluation that sharing their experience might be useful for young champions. Many expressed the desire to work more with young people in a range of settings, including young volunteers. They felt that this would support volunteer activity to be more joined up. Further, some volunteers trained through intersectional partners stated that they would benefit from wider networking with those trained under the generic See Me model. See Me should continue to work to create connections between different pools of volunteers to maximise learning, grow per support and strengthen the social movement in Scotland.

### 5.3.6 Recommendation six for See Me: programme reach and diversity

As illustrated by equality monitoring data for a sample of around half of currently active volunteers, See Me would benefit from encouraging greater diversity of these engaging with the programme. The majority of people training as See Me volunteers are white, Scottish and female, aged between 41-60 years old. This has been acknowledged as a priority area for the programme and steps are being taken to address this including reaching out to more diverse audiences through community-based partners. It is recommended that See Me continue this approach. Other things that the programme could consider to increase diversity are targeted volunteer recruitment campaigns, a review of the volunteer application process ensuring that it is fully inclusive of all conditions and continue to build local and national support networks.

<sup>10</sup> The rationale for this is clear – it has the potential to reach a more diverse mix of volunteers through a range of partners, improve volunteer retention through utilising existing community support structures and maximise the finite resources of the See Me programme.

### **5.3.7 Recommendation seven for MHF and See Me: standardised data collection**

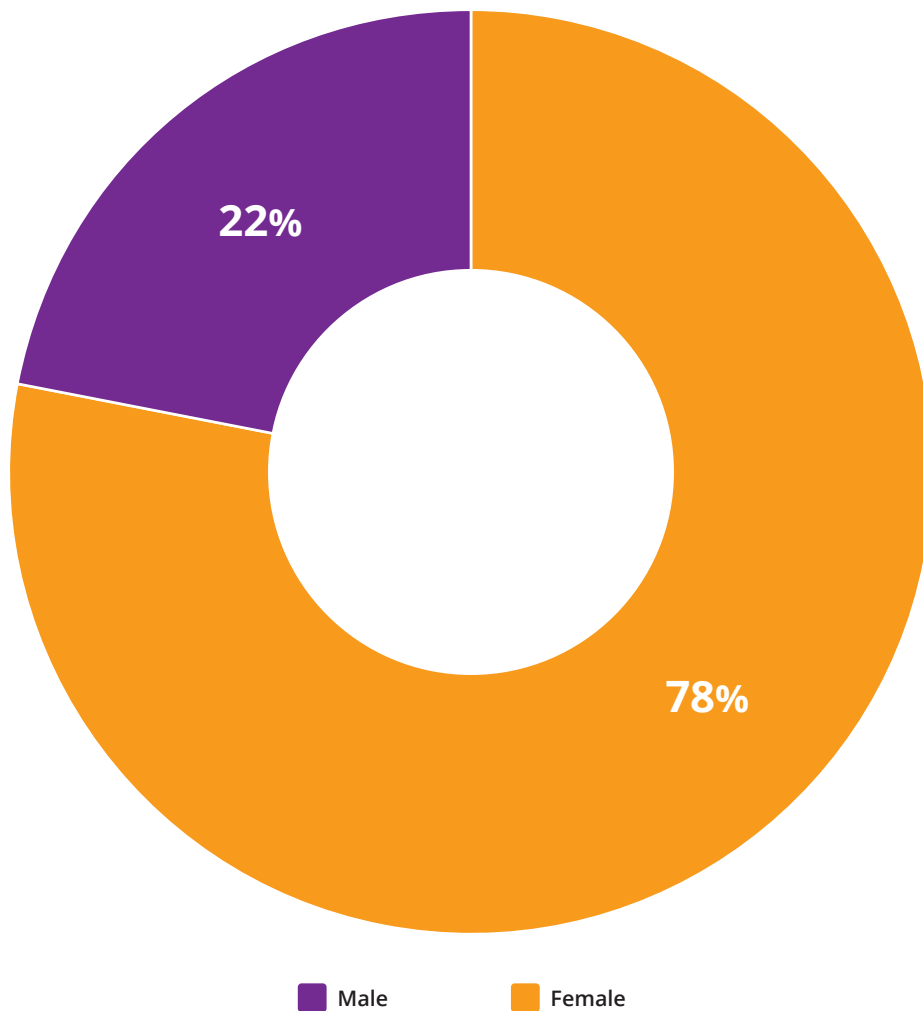
MHF and See Me should jointly review the data collection strategy for the programme. This would involve aligning data collection tools and systems and clarifying data collection roles and responsibilities, in terms of routine programme monitoring data and evaluation data.

### **5.3.8 Recommendation eight for MHF and See Me: reviewing programme outcomes**

As for other programme areas, it is recommended that MHF and See Me work together to review programme outcomes, to ensure that they are still fit for purpose – in terms of what See Me aims to achieve – and additionally review indicators to demonstrate measurable progress towards outcomes. For the next phase of the programme See Me and MHF should work closely with each other to align programme and evaluation plans from the outset, maximising the potential to determine programme impact.

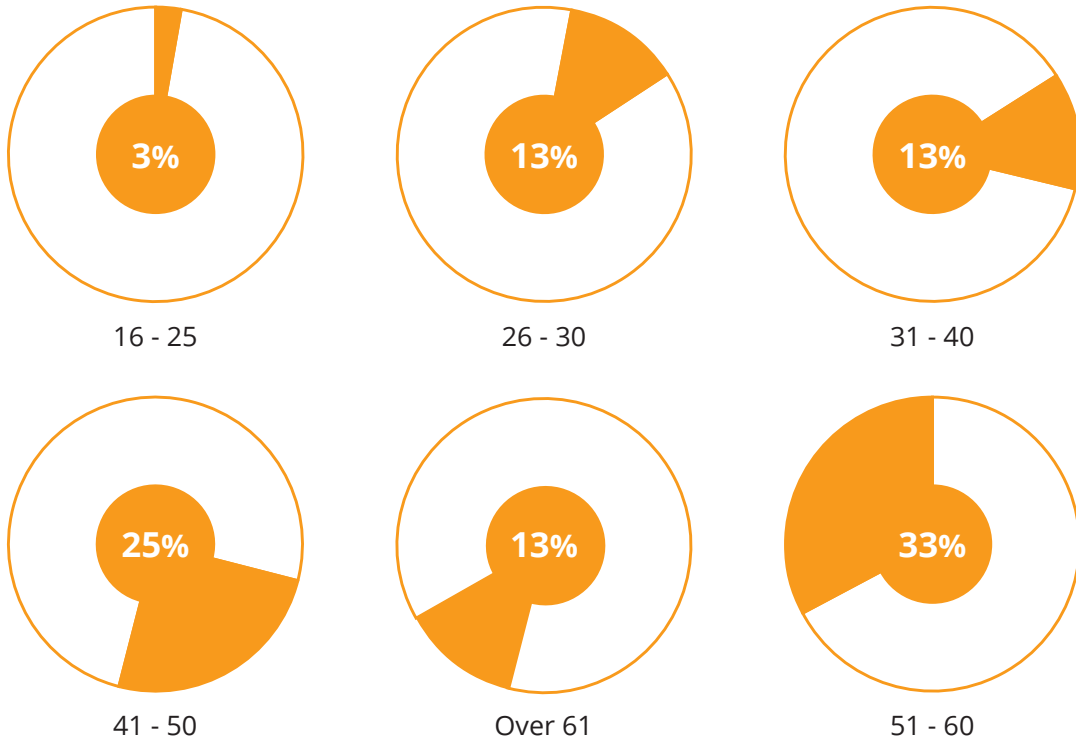
## Appendix One: Equality Monitoring Data for Active Volunteers<sup>11</sup>

### Gender breakdown

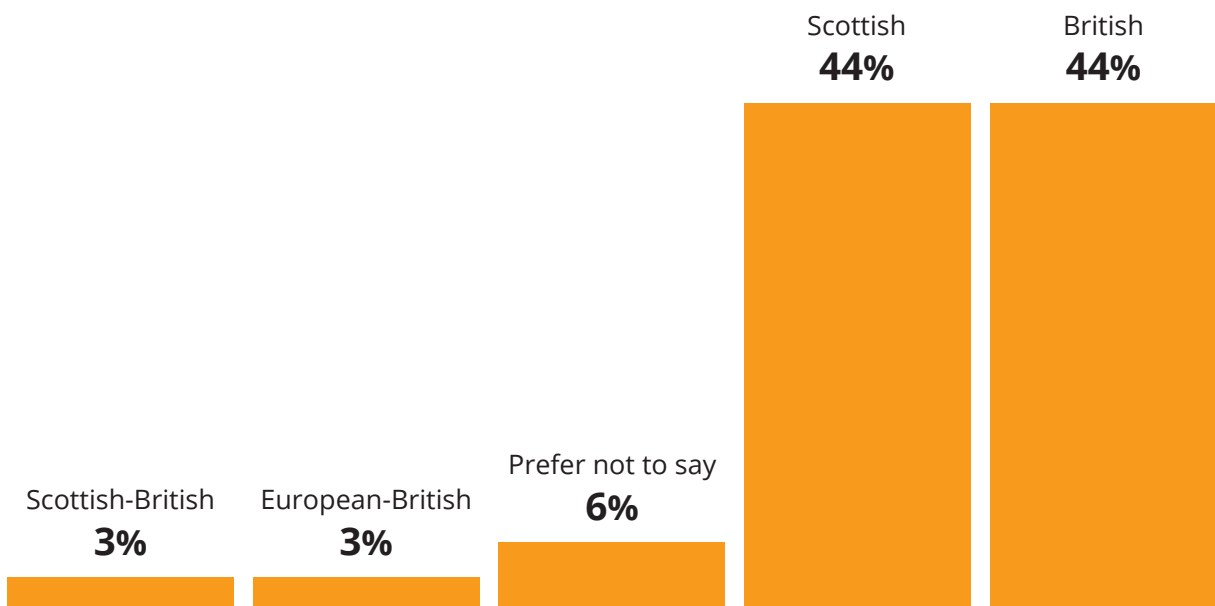


<sup>11</sup> Based on data collected from 32 currently active See Me volunteers.

Age breakdown

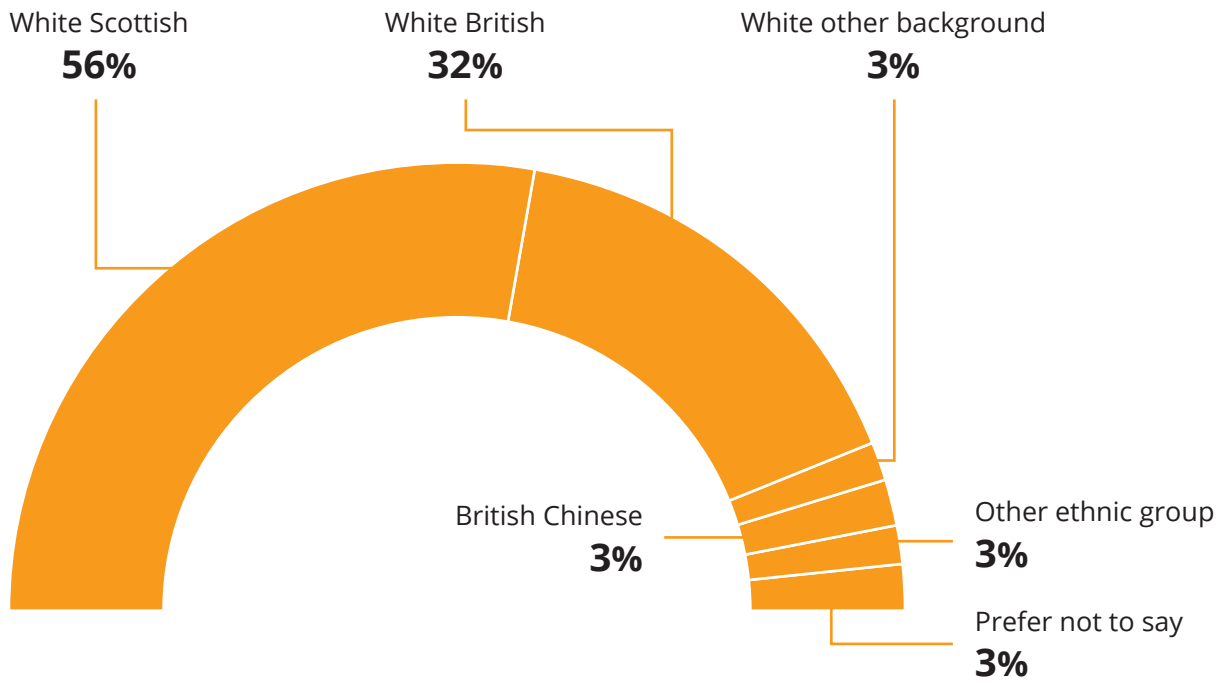


Nationality breakdown

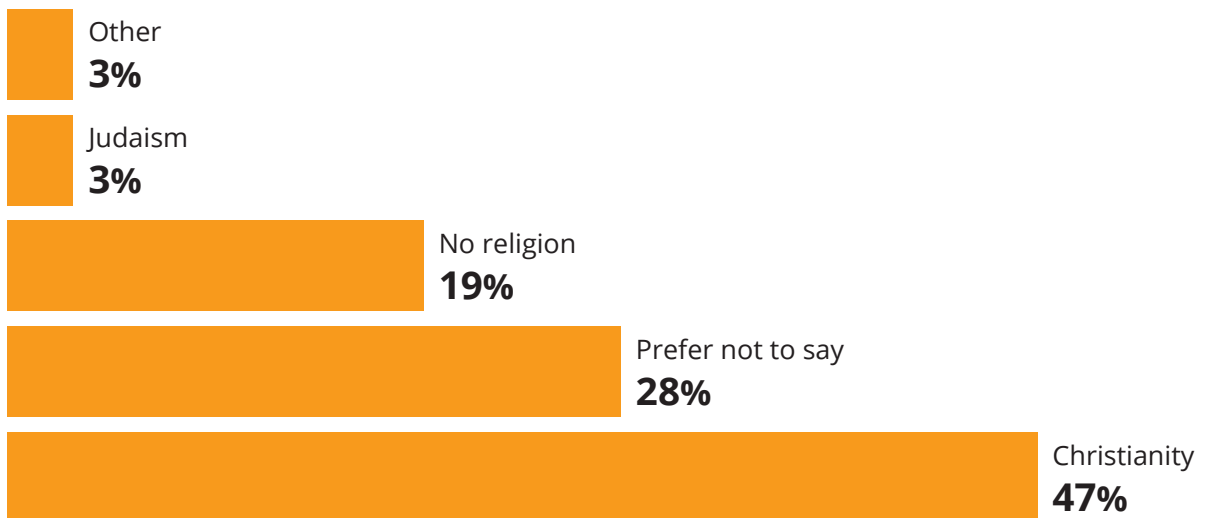




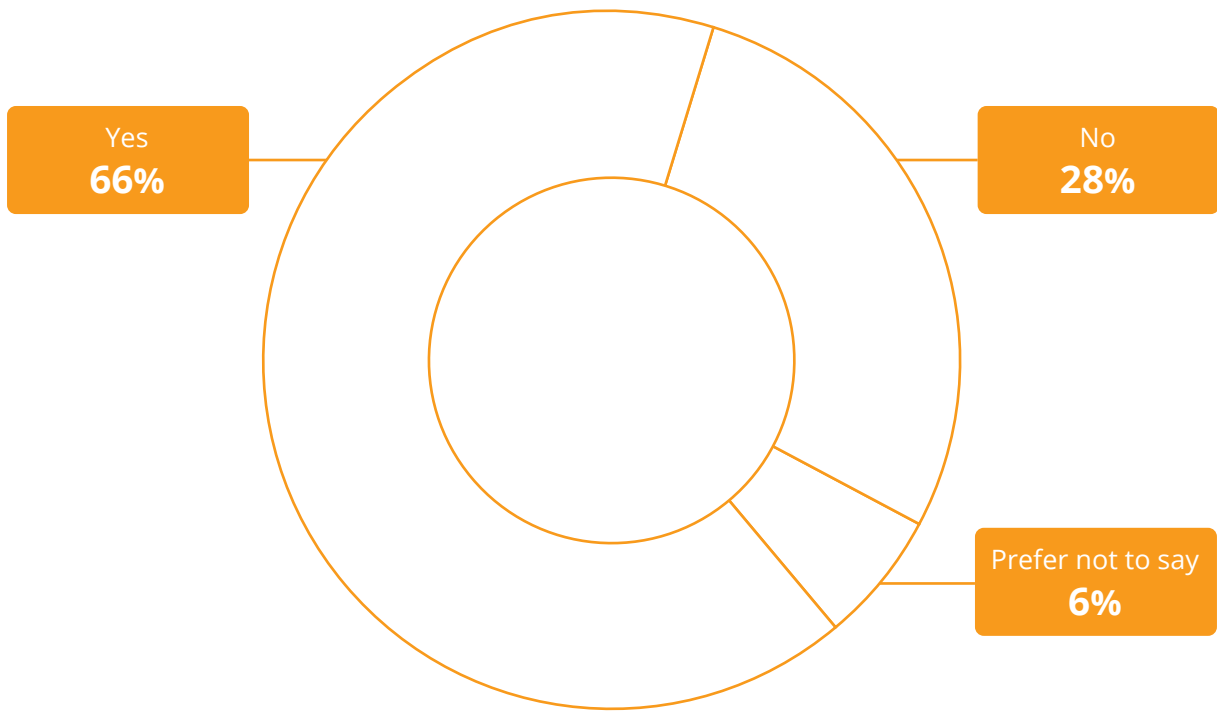
**Ethnic Origin breakdown**



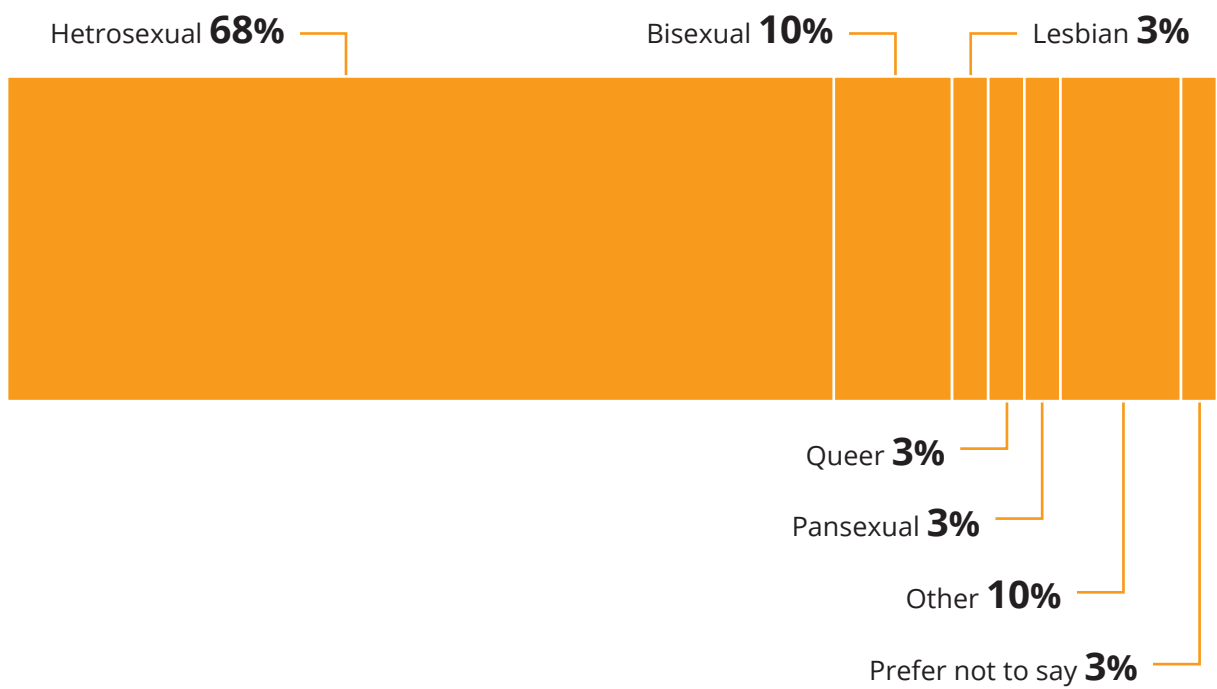
**Religious Belief breakdown**



Disability breakdown



Sexual Orientation breakdown





**mentalhealth.org.uk**

**Twitter:** @mentalhealth

**Facebook:** mentalhealthfoundation

**Instagram:** @mentalhealthfoundation

**Author:**

Jo Finlay, Research and Evaluation Manager, MHF Scotland

**Contributor:**

Julie Cameron, Head of Programmes, MHF Scotland