

National CAMHS Support Service

Tackling Stigma

A Practical Toolkit

Bringing together guidance, best practice examples, case studies, resources and literature to help tackle the stigma associated with children's and young people's mental health



Contents

Forewords	1
Jargon buster	2
Introduction	3
Evidence base	5
The Tackling Stigma Framework	6
The National Tackling Stigma Project	8
ELEMENTS OF THE FRAMEWORK	
Mainstreaming	9
Language and definition	10
Information	11
Education	12
Communication	13
Effective systems	14
Media as allies	15
Citizenship and participation	16
PILOT SUMMARIES	
Plymouth pilot site – early implementer	17
Northumberland pilot site	18
Durham, Darlington and Tees pilot site	19
Liverpool pilot site	20
Walsall pilot site	21
Northamptonshire pilot site	22
IMPLEMENTING THE TACKLING STIGMA FRAMEWORK	
Steps for successfully tackling stigma	23
Foundations	24
Tools for use	25
UK tackling stigma campaigns	27
International campaigns	28
Other useful links	29
Appendices	
Appendix A Tackling stigma checklist	30
Appendix B Anytown summary plan tackling stigma project	32
Appendix C Tool for measuring the impact of tackling stigma activity	34
Appendix D Participation consent form	38
Acknowledgments	40
Suggested further reading	40
References	41

Forewords



There is a considerable body of research and practice learning that highlights the importance of involving children, young people, families and carers in the treatment and care they receive from child and adolescent mental health services (CAMHS).

This improves clinical outcomes and leads to the development of more responsive, acceptable and appropriate services. There is an equally large amount of information highlighting that mental health problems are still significantly affected by negative images, stigma and prejudice. This negative press can deter those needing help or advice from approaching CAMHS, relying instead on family and friends or waiting until they reach a crisis point.

At Rethink, through our recovery learning programmes for young people (The Uthink Programme), we have firsthand experience of the impact that stigma and prejudice can have on young people and how it can leave them feeling isolated and without hope for the future.

This toolkit aims to provide practitioners with the knowledge and skills to tackle mental health prejudice and stigma. It sets out a framework that emphasises the need for a multi-faceted approach that involves children, young people and families, secures the commitment of professionals and is underpinned by the right policies, procedures and action plans.

Written in accessible, jargon-free language, with practical case studies throughout and a comprehensive resources section, *Tackling Stigma: A Practical Toolkit* is a much-needed addition to the literature on what is undoubtedly a challenging topic; it is also a welcome addition to the array of valuable tools for practitioners produced by the National CAMHS Support Service (NCSS).

Dr Cathy Street *Young People's Research and Development Lead, Rethink*



Young people have told us: "Stigma still affects us; it's about time we were able to talk about how we feel. We cannot be open about how we feel because we believe we will be judged. Society needs to accept that anyone can have mental health problems and that it is part of life. Our friends, teachers and other adults are scared of our illnesses and that makes us feel we can't speak out. We have been called 'attention seeking', 'drama queens', 'mental', 'weird', and told to 'shut up, it's just hormonal'. We all need to talk about how we feel inside."

The stigma associated with mental health remains unrecognised and unchallenged by many, as the young people involved in YoungMinds' Very Important Kids panel quoted above have shown. Yet, as Dr. Fiona Warner Gale's research showed us, it is one of the most influential factors in preventing children, young people and their families in seeking help when it is needed, and contributes to the severity of the impact of the mental health problems on their lives.

This toolkit is very welcome. We all have a part to play in changing the experience of stigma but it can be hard to know how to create effective change. However, this practical, realistic toolkit will change that – it is grounded in both theory and practice which provides practical steps within a theoretical framework, with case studies of implementation – and it's interesting too!

Sarah Brennan *Chief Executive, YoungMinds*

Jargon buster

ADHD	Attention-deficit hyperactivity disorder
BME	Black and minority ethnic groups
CAMHS	Child and adolescent mental health services
CAMHS partnership	A local area multi-agency group of stakeholders involved in the emotional wellbeing and mental health of children and young people. It is responsible for developing a local mental health strategy and agreeing local priorities
ChiMat	Child and Maternal Health Observatory (www.chimat.org.uk)
Comprehensive CAMHS	All those services that have a role to play in promoting children and young people's mental health, intervening early and addressing issues and problems
DfE	Department for Education
LGBT	Lesbian, gay, bisexual and transgender
NAC	National Advisory Council for Children's Mental Health and Emotional Wellbeing – the body set up to hold the government to account for the recommendations in the CAMHS Review (nationaladvisorycouncilcmh.independent.gov.uk)
NCSS	National CAMHS Support Service
PSHE	Personal, social, health and economic education
SAM	Self-assessment matrix – a tool used by CAMHS partnerships to help them review and plan their priorities, investment and services (www.childhealthmapping.org.uk/self.assessment)
SEN	Special educational needs – learning difficulties or disabilities that make it harder for a child to learn or access education
TaMHS	Targeted Mental Health in Schools Programme – a three-year pathfinder programme to develop innovative models of therapeutic and holistic mental health support in schools
WHO	World Health Organisation

Introduction

What is stigma?

The term *stigma* has been around for a long time. It originates from ancient Greek, where it was used as the term for a visible mark or brand placed on members of tainted groups, such as slaves or traitors. Nowadays, stigma is defined as shame and disgrace. It sets people apart and can be hurtful and dangerous. It is based on myths and misunderstandings and it is always negative. It can make it difficult for someone to be accepted by others and can lead to discrimination. Stigma associated with mental health problems can cause people, through no fault of their own, to find themselves denied help, education, employment, social interaction, their families and homes, and other basic rights that most of us take for granted. No one should have to hide their mental health problems or illness or be subjected to the severe effects that stigma can have.

What impact can stigma have on children and young people?

Although we often think of stigma in relation to the experiences of adults, there is also potential for the effects of stigma to impact on children and young people. It can reduce access to mental health services, create fear, marginalisation and low self-esteem in children, and diminish the effectiveness of treatment and interventions. Stigma can have such a significant effect that there is a potential for mental health problems to increase in severity. Some children and their families have said that the experience of stigma has been described as equal to and sometimes worse than having a mental health problem.



Reproduced with permission from Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust.

The stigmatisation process – why does it happen?

There are at least two main reasons why stigmatisation occurs. The first is fear of people with mental health problems, because of perceived aggression and unpredictable behaviour. There can also be fears that individuals with mental illness have criminal intentions towards us. The second relates to concerns that there can be a fine line between so-called normal experience and mental health problems. It is often easier to see mental health problems as belonging to others (i.e. the *them-and-us* concept) as this allows individuals not to have to consider the vulnerability we all have to experiencing mental health problems. A fear of the unknown and an unwillingness to be open about mental illness can perpetuate prejudice.

Why tackle stigma?

Stigmatising attitudes towards mental health and those who experience mental health problems can be found within individuals, families, communities and society, as well as within organisations at a professional, strategic and even a policy making level. Negative attitudes may begin to develop in children as young as age three or four. Some people hold the view that little can be done to address the problems of stigmatisation. As it is apparent that stigma can affect children and young people across many situations, it is vital that it is tackled in places that it can be found, through a multi-faceted approach. Tackling stigma can help to remove the profound effects that it can have on individuals. It helps them to get the support they need and helps services to provide responsive and appropriate interventions, at the right time. Tackling stigma and reducing the harm it can have on individuals is the responsibility of us all.

Talking about children's mental health – what do you mean?

There can be a tendency to avoid using terms such as *mental health* and there has been an emerging preference to use terms that exclude the word *mental*. This can reinforce the idea that *mental* is a negative term. The attitudes of mental health professionals can help shape attitudes towards those with mental health problems. Therefore, those working in the mental health field need to ensure that they do not subconsciously change their language to accommodate prejudice, and that they all work to agreed definitions of mental health and use the same language when talking about it. Although this seems quite a simple area to tackle, it is probably one of the most important and it has to involve children and young people from the outset.

Who should be tackling stigma?

When considering who should be tackling stigma in your area, it is important to consider who is working with children who may have mental health needs. Given what was said earlier about the possibility of the development of stigmatising beliefs in pre-school children, and the fact that stigma can be pervasive and found across society, then it would seem that tackling stigma should include all those who work with children and their families.

Who is this toolkit for?

This toolkit is for all professionals, partnerships and organisations who commission and provide mental health services for children and young people. It aims to help professionals think about how to tackle stigma across a number of domains and to help organisations consider who might be involved in order to have the greatest impact. More importantly, it will help to ensure that children and young people are at the centre of local plans, so that they can be involved in decision-making about the choices available to them.

Evidence base

What does the literature tell us?

The stigma associated with mental health problems continues to be highly prevalent today, despite greater public awareness and improved knowledge. In his study which examined the literature on mental health stigma in children, Hinshaw (2005) described the term *stigma* as the negative effects of a label placed on any group. Although a great deal of work on defining stigma and its relationship to mental health was undertaken over 40 years ago, the discriminatory aspects are still prominent in contemporary studies. When exploring the impact of stigma, it has been found that the stigma itself can have a more profound effect on a person than their mental health problem. This effect has been reported to have a severe impact on the individual and the way that they perceive themselves; it can affect the person's quality of life, and cause problems integrating into society (Wahl, 1999). In fact stigma can have such a negative effect that there is a potential for mental health problems to increase in severity (Gale, 2007).

A survey in 2009 (Thornicroft et al) across 27 countries found that 47% of people with schizophrenia had experienced stigma, with 43% experiencing stigma from within their own family. Other studies with adults have similar findings. A number of studies focusing on the experiences of children and young people have also found the extent of stigma is widespread. In one study, young people were shown description cards about children with various ill-health conditions (both physical and mental). Those that labelled a child from the description card as having a mental health problem were more likely to see them as dangerous or that the problems were not real (Pescosolido et al, 2007; McLeod et al, 2007) Some studies have shown that even professionals can display stigmatising attitudes (Corrigan, 2000). In a study of 5 to 11 year olds who had mental health needs, it was found that they were able to recognise feelings of stigma and discrimination. They also had developed negative attitudes towards others who might have mental health problems (Gale, 2007). Such findings suggest that children can develop stigmatising ideas and beliefs at an early age and that if not tackled early stigma can continue to be pervasive. The media has also been found to play a key part in the development of negative perceptions, so a number of organisations issue guidance on reporting mental health issues responsibly and often challenge media representations.

In order to challenge the stigma of mental health problems, we need to understand how it develops and how it is influenced. It has been suggested that developing an understanding of the meanings that mental health and stigma have for service users will prompt the development of approaches to changing attitudes (Gale, 2007). There have been various approaches to tackling the stigma of mental health problems and the evidence base for these approaches varies. Most studies have involved an education element, which usually improves knowledge but doesn't necessarily improve attitudes. It has been suggested that education programmes alone are usually not sufficient to have a lasting impact (Thornicroft et al, 2008). Corrigan et al (2005) suggested tackling stigma can only be successful if it combines three aspects: *protest* (or campaigning), *education* and *contact*. *Contact* refers to putting children and young people with a person with a lived experience of mental health problems, providing them with a realistic picture of mental health.

This is said to be consistently effective. Gale (2006; 2007) suggested a whole systems approach which has informed the development of the Tackling Stigma Framework and the pilot projects.

This approach tackles stigma across a number of domains ensuring that changes are effected at all levels: individuals, services, organisations, the media and society. The model also advocates rigorous involvement of children, young people and their families within all its domains.

Time to Change, a project funded by the Big Lottery Fund, is the largest anti-stigma campaign of its kind. It aims to combine locally based initiatives with schools and voluntary organisations with large-scale national media campaigns. The effectiveness of this campaign will be evaluated by King's College London. There are other approaches to tackling stigma in the UK. The links can be found later in this toolkit. There also a number of international approaches to tackling stigma, which are also summarised on page 28.

The Tackling Stigma Framework

How the Tackling Stigma Framework was developed

The Tackling Stigma Framework was designed from the findings of a research study undertaken with children and their parents/carers, which examined their perceptions of the stigma associated with mental health problems (Gale, 2006). The study aimed to understand the context and impact of stigma and to identify factors that could assist in the improvement of children and young people's mental health services and the development of policies to minimise stigma.

Dr Warner-Gale explored children's and their families' perceptions of mental health, children's mental health services and the associated stigma. Interviews were undertaken with 20 children (aged 5 to 11) who had been referred to CAMHS for the first time. Dr Warner-Gale developed an interactive comic book with cartoon characters to help them talk about mental health and the stigma that they may have experienced. Interviews were also undertaken with their parents/carers (23 in total).

The study found that children and their parents/carers have sophisticated and complex perceptions of mental health and the stigma associated with mental health problems. It recognised that children were able to recognise feelings of stigma and discrimination in relation to mental health, and that they also had started to develop some negative beliefs about others who they felt had mental health problems. It also found that there is much that can be done in partnership with children, their families and organisations to tackle stigma. This may be achieved through education, information and communication about mental health and stigma, the development of non-stigmatising services and the mainstreaming of approaches to tackle stigma at local and policy levels to effect positive change (see page 9).

To tackle stigma, Dr Warner-Gale has defined this framework of actions that, when applied simultaneously will, she believes, minimise the stigma linked to children’s and young people’s mental health problems. She identified eight practical priority domains for action when tackling stigma. These domains (below) can be applied in a range of settings and at a number of levels. The Tackling Stigma Framework encourages the active participation of young people, incorporating work at family and professional level. It aims to challenge attitudes and beliefs about mental health in society, and presses for easier access to support and treatment. In order to improve the understanding of and attitudes towards mental health, and the experience for children with mental health needs and their families, all of the eight domains should be implemented together, in order to have maximum impact (Gale, 2006).



The National Tackling Stigma Project

The National Tackling Stigma Project has been funded by the NCSS and is one of a number of national projects that they have led. The Tackling Stigma Framework and the national project was developed by Dr Fiona Warner-Gale, the NCSS national lead for tackling stigma supported by Kate Harker, project manager.

The project is based on the Tackling Stigma Framework. It incorporates the principle of whole system improvement and organisational change, so has benefits for the further development of comprehensive services for children and young people's mental health. It also focuses on involving all age groups and is aimed across all children's services.



Commencing in 2009, the project comprises one early implementer site (Plymouth) and five pilot sites (Northumberland, Durham, Darlington and Tees, Liverpool, Walsall and Northamptonshire). The pilot sites were chosen through a tendering process. The invitation to take part went out across England. Plymouth was chosen as an early implementer site as it had already been implementing the Tackling Stigma Framework as part of its children and young people's plan.

The pilots have been fully engaged in implementing the domains of the Tackling Stigma Framework in their areas through partnerships that put children and young

people at the centre of the pilot and that include a range of organisations that work with children. They have developed some creative ways of involving children and young people in tackling stigma.

This toolkit has been developed as part of the National Tackling Stigma Project. It showcases some examples of innovative ways of tackling stigma, undertaken by the pilot sites.

The project and the implementation of the Tackling Stigma Framework have been evaluated by ECOTEC. The project has been overseen by the National Tackling Stigma Project steering group.

Mainstreaming

The mainstreaming of programmes to tackle stigma

By *mainstreaming* we mean that tackling stigma will ideally be a theme that runs through the whole of comprehensive CAMHS. All those who contribute to the commissioning and delivery of children's mental health services might consider the need to be informed and committed to sustainable improvements to minimise the stigma associated with children and young people's mental health problems and needs. This should be underpinned by the broader CAMHS strategy. The integration of tackling stigma programmes, stigma awareness and education about children's mental health is the business of all commissioners and service providers across the spectrum of services and works most effectively when it is integral to each individual professional's value base.

Methods for successfully mainstreaming programmes to tackle stigma

Mainstreaming approaches to tackle stigma involve embedding the framework and associated actions as a philosophy that underpins all structures and related actions and ensuring that they are continually considered in planning and developments. At a service level, mainstreaming action to tackle stigma is about a multi-faceted process of ensuring that children and their families are instrumental in the tackling stigma process. Obtaining the commitment of professionals and changing policies, procedures, strategies and action plans so that they are congruent with the Tackling Stigma Framework is also very important.

Similarly, at partnership level it is about the active involvement of children, young people and families, as well as embedding activity to tackle stigma within strategic documents and getting formal support from relevant local strategic partnerships.

Case study A

In preparation for the 2008-11 Plymouth Children and Young People's Plan, a number of consultation events were held to determine what children and young people, parents/carers and professionals believed needed to happen in order to improve children's and young people's mental health and emotional wellbeing. A number of significant themes arose; amongst them a clear message that Plymouth had to tackle the stigma of mental health problems. In response to this a tackling stigma project was devised and set out in the Children and Young People's Mental Health and Emotional Wellbeing Commissioning Framework Action Plan 2008-09. The project is being delivered as part of the Plymouth Children and Young People Mental Health and Emotional Wellbeing Strategy 2009-14. In July 2008, a number of senior strategic and operational leads from across the city came together to hear about the project and listen to a short film by children and young people that outlined the message. There is now a firm commitment to the project from those leads, both to resources and the collaboration of staff within agencies across Plymouth.

Language and definition

Language and definition of mental health

Collaboratively all services should develop and work with an agreed definition of mental health and related terminology. It is often the confusion about the language used in talking about mental health that alienates children and their families and makes them wary of accessing services. Developing age appropriate explanations of mental health and mental health problems will go a long way to encouraging people to talk about mental health freely and will consequently assist in the pursuit of non-stigmatising services. Children and families' involvement in developing a shared understanding of mental health terminology will provide a sound base from which to launch programmes to promote mental health awareness and challenge stigma. It will also ensure that children and their families are engaged in the journey to tackle stigma from the very start.

Methods for successfully developing definitions of mental health

It is not challenging to find definitions of mental health, as there are a number of good examples that may be utilised. The challenge lies in agreeing the terminology to be used in any one area, especially around the words and terms used to talk about mental health, CAMHS and emotional wellbeing. The best way to do this is to work with young people and their families, professionals and stakeholders. Everybody should sign up to the agreed definitions and they should be publicised and used consistently across all partners.

Case study B

The project in Walsall has agreed a common language for mental wellbeing through active participation with children and young people across the borough. This was achieved through holding a stakeholder event that 34 schools attended representing children from various backgrounds: looked after children, children with disabilities, children with SEN, and children in other challenging circumstances. The broad aims of these events was to give an opportunity for partnership working and to engage stakeholders in describing the services required to improve emotional health and wellbeing outcomes in children and young people. During the consultation event delegates were presented with a range of definitions of mental health and wellbeing. The New Economics Foundation (NEF) definition attracted the approval of the highest number of the delegates and was the one which they felt accurately captured the holistic nature of wellbeing and was easy to understand. For more information about NEF visit www.neweconomics.org

Information

Information for children, families and organisations

When seeking help, children, young people and their parents and carers are often unsure of where to go for help, how to access services and what to expect. This can contribute to the fear and adverse effects of stigma experienced by the child and their parents/carers. Useful interventions might include the development and dissemination of age-appropriate and user friendly information about child mental health and relevant services across all levels of CAMHS. All services should consider how they impart information if they are to be proactive in tackling stigma and raising mental health awareness in a strategic way. Developing materials and protocols to ensure all are well informed about their care is an inexpensive and easily achieved outcome.

Methods for successful improvement of information

Methods for successfully developing information to tackle stigma include producing leaflets, pamphlets and websites about services. All relevant materials should include details on how to access services, and what to expect during appointments and also in between appointments, especially with regards to waiting times and onward referral to other services. It makes sense to provide information to both children and parents/carers, in appropriate language. A good example would be sending out leaflets with appointment letters, one for parents/carers with the relevant information, and one for children providing answers to any questions that may concern them. The Plymouth pilot site has included a frequently asked questions section (FAQs) in their publicity, developed in partnership with children and young people to reduce any fears they may have about accessing mental health services. Involvement of children and young people in the design and wording of information is an excellent way of making sure it is user-centred.

Case study C



Dorset HealthCare University NHS Foundation Trust has developed an online information and signposting service to help children, young people and their families learn about services that could help them and what to expect from them, as well as helpful information about various mental health problems. The website was developed with children and young people to ensure each section was appropriate to the target audience, including use of relevant language and imagery. For more information visit www.wheresyourheadat.co.uk/kids-zone/

Education

Education for children, parents/carers, professionals and the public

To promote the early recognition of child mental health problems, and to increase capacity and knowledge about children's mental health, it is necessary to develop robust, local, cross-tier education programmes. Information about stigma, its impact and the stigmatisation process should be included in all training courses available for the children's workforce. This is also relevant for vocational, professional and post-graduate students. Local services should also consider how children and parents/carers can be involved in the design, delivery and evaluation of education programmes. Such involvement would be beneficial in empowering them to challenge the negative impact of stigma.

Methods for successfully educating children, parents and professionals

'Education' described in this domain of the framework should include education for children, young people, parents/carers and professionals. It should raise awareness and promote understanding and empathy. There are many examples of good training courses, however it is key that they include information about stigma, what it is, how stigma affects children and young people with mental health issues and how this can result in individuals not speaking out about their needs and not accessing the help and support they need.

Case study D

The *Out of the Shadows* DVD which was developed in Northumberland looks at how mental health issues are perceived by society as a whole and how knowing the facts helps to break down the barriers that create stigma. In this film the children of Delaval Middle School demonstrate their understanding of stigma through discussion and role play. Key professionals provide an expert perspective and evidence base. Part two of the DVD features three young service users who tell their story about what it is like to live with mental health difficulties. This DVD is aimed at young people between the ages of 7 and 18. It is part of a training pack that includes a lesson plan with interactive activities around what it means to be different and a graffiti wall for children to write about or draw how they would tackle stigma. The children are also given a *Happy Booklet* to keep. An evidence-based training workshop for school staff called *Promoting Wellbeing in the Workplace* is also being offered to schools across Northumberland. This one day training course raises the awareness of mental health and explores how everyday events in the workplace can have an impact on each individual's mental health.

Communication

Communication with children and families

Children, young people and parents/carers often feel uncertain about the processes of referral and assessment and the outcomes of discussions with mental health professionals about what help is available. Dr Warner-Gale's study identified that they wished to be informed and active participants in their care. Some parents/carers reported that they are made to feel inadequate, or that they are somehow to blame for their children's mental health problems. Children felt that they were not listened to and indicated that they wished to be part of the decision-making process. It is therefore important for agencies to develop inclusive models of working to ensure that children and parents/carers are active partners in determining their care experience.

Methods for successfully improving communication with children and families

Ways of achieving this include putting children and families at the centre of their treatment and care process. Keeping them well informed about treatment options and choices, and dates and times of appointments will enable them to have a very active part in their care. This can be done through their involvement in the care planning process or by drawing up contracts so they can have a role in and responsibility for their own care.

Case study E



Advocacy in Somerset has developed an online toolkit called *Headspace*. The toolkit is designed to help young people in inpatient care become more involved in the decision-making for shaping their care. The toolkit is a practical and accessible way of encouraging active involvement of young people in their own care.

The website is age-appropriate in its content and design, as it was developed in consultation with young people in Bristol. For more information, visit their website at www.headspacetoolkit.org/index.html

Case study F

In Surrey, young people were involved in giving their CAMHS clinic waiting room a much needed makeover. This is an inspiring example of young people being involved in shaping what their care looks like. To read an article about the project visit [www.sabp.nhs.uk/serviceuserscarers/focus/Jan_20Feb_202010_20CAMHS_20newsletter_20\(2\).pdf](http://www.sabp.nhs.uk/serviceuserscarers/focus/Jan_20Feb_202010_20CAMHS_20newsletter_20(2).pdf)

Effective systems

Effective systems and accessible services

Dr Warner-Gale's findings (Gale 2006; 2007) support the ambitions of accessible, responsive, timely and comprehensive CAMHS provision. Recent improvements in local CAMHS commissioning and delivery, including the development of transparent referral criteria and protocols, can contribute to a reduction in confusion and reluctance amongst children and families when seeking help. Furthermore, the gap that exists between specialist and universal services could be closed by the development of services or roles at the interface between services, for example the primary mental health worker role or multi-agency services.

Methods for successful implementation of effective systems and accessible services

The priority here is having clearly defined and well communicated care pathways and referral criteria that children, families and professionals can understand and act upon. This is not just about making it easy to access services, but also about making the process of moving through and then out of services effortless and seamless. The provision of timely services is key so that children and families do not feel marginalised by having to wait. Effective service provision is also about having services where young people are integrated into school provision or in one stop shops, where accessing emotional wellbeing and mental health services is normalised.

Case study G

In Northumberland specialist CAMHS, the tackling stigma pilot and the local TaMHS programme are developing a *Mental Health Toolkit* to be used in schools by professionals. The toolkit will contain information on referral pathways, services and interventions offered at different levels. The intention of this intervention is to demystify ideas and perceptions of CAMHS and reduce any fears or potential barriers. The evidence of need for this intervention stems from TaMHS which evidenced a gap in materials produced in accessible language for children and young people. They are using a software package to analyse whether materials are in plain English. Currently specialist CAMHS are in the process of designing materials, which will then be presented to children and young people for their feedback. They anticipate success to be the continual use of this intervention throughout CAMHS for children and young people. The toolkit will be piloted in TaMHS schools through designated mental health leads who are professionals that have received specific training. They are equipped with knowledge and confidence when presented with children or young people with mental health problems.

Media as allies

The role of media as allies

Although partnerships with the mass media can be more relevant within the policy context, parents and carers' reflections on the role of the media in the transmission of negative stereotypes of people with mental health problems were strongly portrayed within the findings from Dr Warner-Gale's study. Therefore, it may be beneficial for CAMHS partnerships to work with local media organisations in imparting positive information about children's mental health and help that is available for those with problems. In this respect, local media could be supportive in getting information about children's mental health out into the public domain.

Methods of successfully employing the media as allies

Involving the communications departments of the local delivery and commissioning organisations right from the start of the programme or campaign is a good idea. In this way the positive stories of tackling stigma strategies and actions can be reported in the local press, providing accurate information about mental health issues and raising awareness of the devastating effects of stigma. Ultimately the aim is for journalists to develop awareness of the harm that negative stereotypes can provide. Training young journalists would also be a key goal, but working with journalists and improving their awareness of mental health problems is also likely to have an impact on their practices.

There may be other ways of targeting media organisations locally, such as speaking to radio stations who may be willing to do interviews or play recordings about mental health issues. Also some cinemas have been able to help by playing excerpts from DVDs during pre-film advertising.

Case study H

Northamptonshire is piloting a countywide social marketing campaign initially in two designated schools, with plans to roll this out to other schools in the future to raise awareness of mental health and wellbeing. The campaign incorporates the idea of five activities that can promote mental health and wellbeing, similar to the campaign to eat five portions of fruit and vegetables a day. As part of the curriculum this will include a PSHE toolkit as an initial product. The emphasis is driven by young people and their participation from the beginning. They have produced a DVD with young people and have bought filming equipment so that they can continue to develop the project within schools and with professionals. The project is seen as evolving, organic and embedded within everyday work and organisations. The aim for the project is sustainability and continuation, this is vital for long term success.

Citizenship and participation

Citizenship and participation of children and young people

Involving children and parents/carers as citizens, partners and decision-makers requires a co-ordinated and practical approach at a local level. It requires professionals at all levels to identify opportunities for participation. In order to develop a participatory approach, professionals need to understand techniques to promote it and ensure that they are embedded within their service ethos. The benefits of participation are that it gives children and young people a voice and influences significant changes for them and the wider community. As a result, services will be more effective, and better targeted and received. The involvement of children and young people is also key to sustaining developments.

Methods for successful participation and engagement of children and young people

There is a wide range of valuable information about participation. YoungMinds have produced guidance about how services can develop their approach to involving children and young people called *Putting Participation into Practice*, which can be downloaded from their website. Some of the key principles underpinning effective participation are:

- It should be a core aspect of service provision, with practitioners receiving training on how to engage service users.
- Information should be presented in appropriate and accessible language.
- Children's and young people's views and experiences should be taken into account in strategic and commissioning arrangements.
- Children and young people should be involved in the development of national policy.
- Children and young people should be active participants in their own care.
- Advocacy services should be available to children and young people.
- Participation should be adequately funded.
- Services should learn from the experiences of children and young people and show they are actively involving them.

Case study I

In County Durham and Darlington *agenda days* are held. These are days where young people research specific issues by involving other young people; they work with children and young people, asking them questions and exploring their perspectives. Agenda days have been held to look at CAMHS and what young people think of these services. The young people who facilitate the agenda days invite young people along to the particular events, ask pre-prepared questions and then finally write up reports, which include everything young people have said at the agenda day. During agenda days no adults are present so they do not influence the perspectives of the young people in voicing their opinions. They have found from experience that agenda days work well because the young people feel completely listened to and respected.

Plymouth pilot site – early implementer



In preparation for the 2008-2011 Plymouth Children and Young People's Plan, consultation events were held to find out what children and young people, parents and professionals believed was needed in order to improve children and young people's mental health and emotional wellbeing.

A significant number of themes arose including a clear and strong message from young people in particular that Plymouth had to tackle the stigma associated with mental health. Consequently, in July 2008 a number of senior strategic and operational leads from across the city came together to hear about the project. There is now sign-up to the project from those leads, committing to

resource implications and the collaboration of staff within agencies across Plymouth.

Top tips from Plymouth

- Allow time for lasting change.
- Allow flexibility for developing projects, as they don't always go to plan, particularly when trying to get children's and young people's views.
- Have a project lead in place from the outset to oversee the project.

A key element of Plymouth's tackling stigma project is the collaboration between Plymouth CAMHS and Equal Voices to develop a board of children and young people who have used CAMHS and who represent the full spectrum of service users. Key tasks that this board are now involved in include:

- developing a children and young people's participation strategy for CAMHS
- advising year 12 media students who are leading an advertising campaign to promote children and young people's mental health and tackle stigma
- working with clinical staff across CAMHS in developing information to be provided to children and young people before accessing services to answer potential questions.

For more information please contact: Clinical Head of Service, Primary Mental Health Work and Partnerships, currently Cindy Willcocks **t:** 01752 434304 **e:** cindy.willcocks@plymouth.nhs.uk

Northumberland pilot site



The Northumberland tackling stigma pilot currently sits under the umbrella of the local CAMHS partnership and is co-ordinated through the Northumberland TaMHS programme. Consequently the products that are being developed are very much within the context of improving mental health outcomes for children in schools. Key to the pilot is the participation of young people who have been accessed through schools and voluntary sector support services to get a true representative sample of children and young people in the region.

The young people took part in a DVD, sharing their views about what it feels like to be different and the effects of labelling.

It also features three young people who tell their stories about their experience of mental health problems. The DVD will be used in training both school staff and 7 to 18 years olds so that they better understand mental health, mental ill-health and the stigma associated with it.

Alongside this, Northumberland has developed a training workshop for school staff called *Wellbeing in the Workplace*. This looks at the causes and signs of stress and suggests self help strategies and where to seek help from within your organisation. The purpose of this workshop is to illustrate how mental health problems can affect anyone at any time.

Additionally, a peer education drama workshop is being developed with young people to further promote mental health and tackle the associated stigma of mental ill-health.

Top tips from Northumberland

- Embed tackling stigma in the CAMHS strategy.
- Stay focused on young people – use simple language.
- Consider investing in software to check whether materials are in plain english.
- Allow time for participation to take place.
- Highlight tackling stigma as part of Healthy Schools and PSHE agendas to engage schools.

For more information please contact: Project Manager of Northumberland TaMHS currently Anne Duggan t: 01661864589 e: anne.duggan@northumberlandcaretrust.nhs.uk

Durham, Darlington and Tees pilot site



This pilot is centred around the involvement and participation of young people to improve and enhance the comprehensive CAMHS system and myth busting in the community.

Agenda days were held where young people reviewed the language and content of current literature and suggested changes in order to make information more friendly, accessible and useful and to inform the message that there are simple things you can do each day to promote your mental health, similar to the campaign to eat five portions of fruit and vegetables each day.

A DVD has been developed starring, scripted and edited by young people, which includes five clips on being different, depression, eating disorders, self-harm and bereavement.

A radio campaign was run in partnership with the public health portfolio lead for County Durham NHS on patient, carer and public engagement. It involved young people in recording their stories to be broadcast across the North East on Real Radio FM and Smooth FM in August and September to raise awareness of young people's mental health issues. The stories were put on a CD for future use.

'Let's talk' days are to be delivered in young people's venues to explode myths about young people and mental health. This is based on a similar campaign undertaken by adult services in the region.

Top tips from Durham

- At the outset develop a statement of principles underpinning participation with children and young people and key stakeholders.
- When designing or developing service provision and materials for children and young people, remember that children and young people are the experts!
- Involve children and young people from the start through the whole process.
- In addition to enhancing the training materials for the universal workforce in child and adolescent mental health, young people should also be part of delivering the sessions.

For more information please contact: Investing in Children t: 0191 3867485 or visit the website www.iic-uk.org

Liverpool pilot site



The Liverpool CAMHS partnership has fully embraced the project aims and each CAMHS project has played a significant part in delivering tangible action which makes a difference in combating stigma. The action plan has been owned by both the parents and CAMHS young person's board, known as FYI (Fun Youth Involvement). This has been built into the Liverpool CAMHS multi-agency strategy and each service will be asked to continue to play their part in tackling stigma.

Young people and parents/carers are designing age appropriate and accessible information on mental health and services through leaflets, radio jingles and a website. This is designed to make CAMHS visible and non-stigmatising. A training programme, *Mad, Bad or Misunderstood* is delivered to frontline professionals across the city to increase their awareness of child and adolescent mental health, mental ill-health and the associated stigma. Additionally children, young people and their parents are trained in delivering this course to other young people to raise their awareness of the issues and support available. FYI is reviewing referral pathways so that the new, easily understood pathways are accessible to all. Targeted groups such as looked after children, LGBT and Questioning, young carers and asylum seekers are involved in cutting edge work designing literature and training resources for children, families and the workforce. They work with the media to disseminate their message and to showcase materials developed including for example films produced by GYRO (Gay Youth 'R' Out) projected onto city centre screens. Programmes include: awareness raising with interpreters who are then better able to support the therapeutic process for young asylum seekers, and young people with ADHD developing a peer education program.

This work was embedded into policy developments such as *Think Family* and CAMHS public mental health strategies and service specifications, contracts and service level agreements with relevant providers.

Top tips from Liverpool

- Involve children and young people and parents/carers from the beginning and throughout the project. Build and develop cultures of participation.
- Be creative in developing resources and delivering the message. Look within and develop existing resources to tackle stigma.
- Develop a shared vision to describe what you want to achieve which is owned by all stakeholders. Work within a public mental health framework to ensure community engagement in tackling stigma.

For more information please contact: The CAMHS Commissioners, currently Lisa Nolan and Damian Hart t: 0151 2967000 e: lisa.nolan@liverpoolpct.nhs.uk damian.hart1@liverpoolpct.nhs.uk

Walsall pilot site



As another pilot embedded into the local TaMHS programme, the Walsall tackling stigma project is also being delivered within the school environment. Young people have been recruited to participate as part of this project and to actively and meaningfully participate in service and policy development locally. They will also be involved in developing a common agreed language around the mental health agenda along with other key stakeholders.

The key products to be delivered from this pilot include the piloting, roll-out and evaluation of a DVD called *Notes to Self* which was written and developed in partnership with Walsall school students, and young people with lived experience of

mental health problems. The DVD is a school-based drama which includes lesson plans and activities which aim to challenge the stigma surrounding mental health problems as well as encouraging self/peer support and help seeking behaviour. Children and young people in years 6 and 7 will be working with a local arts group to develop a sustainable resource focusing on mental wellbeing and transition from primary to secondary schools. Books and resources on mental wellbeing have been purchased for school and local libraries to complement a similar service for adults. The theme of tackling stigma and mental health has been incorporated into local workforce development and training on mental health and stigma will be available to all staff working with children across Walsall using *Everybody's Business* (<http://learning.camhs.org.uk>) and *Youth Mental Health First Aid*. Furthermore the Walsall pilot is committed to engage with partners in the media utilising their strengths to market and advertise the various anti-stigma projects and communicate a shared definition of mental health and wellbeing across the borough.

Top tips from Walsall

- Form partnerships early.
- Ensure sustainability is built into strategic plans.
- Use the arts in their widest sense to engage with children and young people.
- Link in with other mental health and wellbeing work (e.g. TaMHS and the local mental health promotion strategy).
- Draw upon lived experiences of children and young people who have used mental health services.

For more information please contact: The CAMHS Commissioner, currently Jasbant Mann
 t: 01922 618327 e: jasbant.mann@walsall.nhs.uk

Northamptonshire pilot site



Northamptonshire's tackling stigma pilot is working closely with young people to develop a number of products that fit with the Tackling Stigma Framework. Approximately 20 young people from diverse backgrounds have come together to form a core group and drive the project. Rather than commission a video production from a professional media company, equipment has been purchased and the young people are creating their own materials with support. They have produced videos, visual art and graffiti and poetry. They have undertaken this work in a range of settings including inpatient units.

The young people will make presentations of their work to local key groups including the media. Young people will be trained to become young leaders and will help introduce the project into schools throughout Northamptonshire. It is intended to establish interest groups within individual schools that will link with the core group.

A website has been created and this will be managed by young people. It will be concerned with stigma and raising awareness of mental health. It is intended that the production of tackling stigma materials will continue as new ideas are developed. A social marketing campaign to raise awareness of mental health will be undertaken and the tackling stigma project will be central to this.

In line with the framework Northamptonshire is developing a commonly agreed definition of mental health and associated language so that young people and professionals across the county have a common agreed language when talking about this issue.

An operational management group has been established that will ensure that the work is embedded in local TaMHS projects as well as the anti-bullying strategy and Healthy Schools. The core group will remain and become a CAMHS partnership young person's group and will continue activity in the area of tackling stigma.

Top tips from Northamptonshire

- Have a project manager in place from the outset.
- Have participation structures in place early on or utilise structures already in place.
- Shop around for media help with producing DVDs and producing websites – don't let them charge too much!

For more information please contact: The CAMHS Commissioner, currently Mike Payne
 t: 01604 651731 e: mike.payne@northants.nhs.uk

Steps for successfully tackling stigma



Foundations

The foundations for successfully tackling the stigma of children's and young people's mental health problems

Although it is suggested that all domains of the Tackling Stigma Framework should be implemented simultaneously for greatest effect, this may be difficult in practice. The pilots involved in this project have found that there are some quick wins that may be achieved at earlier stages of implementation to ensure the success of subsequent domains.

The *mainstreaming* domain of the framework has been found to be a vital element to consider first. Most importantly our pilots have told us that tackling stigma needs to be mainstreamed within an existing structure and its philosophy embedded within a strategy. Depending on the lead organisation, the pilot projects were either anchored in the CAMHS partnership arrangements, through contracts with the third sector or were embedded in the local TaMHS partnership.

Most pilots reported that getting the pilot off the ground was a challenge. Ensuring that the partnerships understood the Tackling Stigma Framework and were committed to its implementation was imperative. Where the tackling stigma message had been disseminated, the sign up of all key agencies had been obtained and a commitment to tackle stigma underpinned the strategy, the roll-out of other elements of the framework were more straightforward.

The pilot sites recommended that the *citizenship and participation* domain should also be implemented at the outset, ensuring that children and young people are involved throughout the planning stage, as well as during implementation and review. Those areas that had robust participation arrangements in place, where children and young people could help to steer the tackling stigma process from the beginning found that progression was much easier. In addition, it was felt that it was important to consider the involvement of professionals who had skills and experience in participation and developing creative approaches to engagement.

The other domain that offers some initial advantage with the implementation of the framework is *language and definition*. The early identification and agreement of a common and acceptable definition, and language to be used around children's mental health may help to ensure that the mental health agenda and tackling stigma is at the forefront of everybody's thinking. Having these discussions and getting agreement across organisations at a strategic level can be a challenge in itself, but will go a long way to ensuring that everybody understands what is required to tackle stigma. The engagement of children and young people at this stage will enable professionals across organisations to listen to their views and concerns, and to ensure that they use language that is acceptable to all.

Finally, consideration of the *media as allies* domain will ensure the early engagement of the media, maximise media coverage and take full advantage of all awareness-raising opportunities. It may be useful to involve the lead organisation's communications department, as they will be skilled and experienced in talking to the local media, such as newspapers, radio, and cinema. The other elements of the framework can be implemented once these building blocks are in place and are then much easier to progress.

Tools for use

In this guide and through the ChiMat website www.chimat.org.uk, the NCSS make available tools and resources produced by the pilot sites and other forward-thinking partnerships, that may be used by others wishing to tackle stigma. Listed below are the core tools needed to successfully undertake a tackling stigma programme. The additional resources on ChiMat give examples of how other areas have tackled the stigma associated with child mental health problems in their areas.

	Included in toolkit	ChiMat website
<p>Scoping review</p> <p>ECOTEC has undertaken a scoping review which outlines the main research and articles relating to the stigma associated with children’s and young people’s mental health problems</p>		✓
<p>PowerPoint presentations</p> <p>Three different presentations to promote the tackling stigma message to different audiences including strategic leads, operational leads, children, young people and families.</p>		✓
<p>Young person’s diary</p> <p>Ecotec has developed a diary that young people involved in tackling stigma projects can use to record their journey. It also contains a short questionnaire to help to monitor the impact being part of this project has had on them.</p>		✓
<p>Tackling stigma checklist</p> <p>This tool is designed to help assess what is needed for professionals and organisations to tackle the stigma of children’s and young people’s mental health problems. This checklist can identify where the priorities lie.</p>	✓	

Action plan

Anytown action plan provides a useful example of the type of actions to include in an action plan when commencing a tackling stigma project.

Included in toolkit	ChiMat website
✓	

Tool for measuring the impact of tackling stigma activity

Northamptonshire have developed a questionnaire to measure the changes in perceptions of children, young people, families and professionals about children and young people’s mental health. This will aid partnerships in assessing that the outcomes that they have planned have been achieved.

✓	
---	--

Participation consent form

This template may be used to obtain consent from children, young people and their families to take part in consultation and service developments. Part of this consent relates specifically to being filmed and/or photographed which needs to state that they are also happy to be filmed or photographed for material that could be used with a wider audience.

✓	
---	--

UK tackling stigma campaigns



Time to Change is the UK's largest campaign to tackle the stigma of mental health problems. It aims to promote mental health and wellbeing through work with schools and voluntary organisations like Mind and Rethink, and large-scale media campaigns including videos and TV appearances, like Comic Relief. This campaign's model is similar to the Tackling Stigma Framework, which emphasises the need for a multi-level approach. For more information, visit www.time-to-change.org.uk



The Action on Stigma campaign by Shift focuses on the stigma of mental health problems in the workplace. It has produced a manager's guidance tool as well as an education programme for young people called *The Health and Education for Life Project* (HELP) to tackle the stigma of mental health problems at an early stage before negative attitudes become fixed in adulthood. You can find out more by visiting www.shift.org.uk



The Royal College of Psychiatrists has launched a multi-dimensional campaign tackling the stigma of mental health problems. Its website contains videos, further reading and opinion polls. The campaign aims to understand why some people have negative attitudes and tries to change these attitudes by promoting the facts and realities. Visit their website for more information at www.changingminds.co.uk



In Scotland, the see me campaign aims to create greater visibility of mental health and its realities. It has provided local grants for projects across Scotland to help tackle the stigma of mental health problems. The website contains videos and audio links promoting the campaign. It has worked in partnership to develop targeted ways for tackling the stigma of mental health problems with BME communities, as representation from BME communities accessing mental health services is very low. To find out more visit www.seemescotland.org.uk

International campaigns



Like Minds, Like Mine is a New Zealand-based publicly funded programme aimed at reducing the stigma of mental health problems and the experience of discrimination. The website hosts resources and information about the programme. Find out more at www.likeminds.org.nz/page/5-Home



StigmaBusters is a campaign by the National Alliance on Mental Illness (NAMI) consisting of a network of advocates across the US and worldwide fighting against misrepresentations of mental health in the media. Visit www.nami.org/stigma



See Change is Ireland's new national partnership to reduce stigma and challenge the discrimination associated with mental health problems. See Change is an alliance of organisations working together through the National Stigma Reduction Partnership to bring about positive change in public attitudes and behaviour towards people with mental health problems. For more information visit www.seechange.ie

Other useful links

On this page, you will find links to useful websites on the subject of mental health and tackling stigma and discrimination.



www.youngminds.org.uk

The logo for Samaritans consists of the word "SAMARITANS" in white, uppercase, sans-serif letters, centered within a green rectangular box with a slightly distressed or hand-painted edge.

www.samaritans.org.uk

Mental Health Foundation

www.mentalhealth.org.uk



www.rcpsych.ac.uk



www.right-here.org.uk



www.shift.org.uk

rethink

www.rethink.org

Appendix A Tackling stigma checklist

Below is a checklist to help you when commencing work locally to tackle stigma.

Using the checklist below your partnership can assess where it currently is in the implementation of the framework, help it plan how to proceed and where to focus its efforts. Please bear in mind that both Dr Warner-Gale's research and NIMHE (2004) recommend that a multi-faceted approach across domains and service/organisational levels is more likely to be effective than a single approach concentrated in one area.

	Framework domain	Tacking stigma activity	Y/N	Hints/possible actions
THE FOUNDATIONS	1) Mainstreaming tackling stigma programmes and policies	<p>Does the partnership understand the impact that stigma has on children and young people with mental health problems?</p> <p>Have partner organisations agreed to embark on a programme of anti-stigma action at a strategic level? Have they agreed to take this commitment back into their own organisation and embed the approach within their own strategies?</p> <p>Have they planned to cascade information about their commitment down to operational level?</p> <p>Have the emotional wellbeing and mental health strategy, the children and young people's plan (if applicable) and the CAMHS strategy all taken account of the tackling stigma approach?</p>		<p>Presentation to relevant strategic bodies to inform them of the issue and elicit support (presentation included in the online toolkit).</p> <p>The Tackling Stigma Framework is a useful concept to identify potential areas for action which could potentially be shared between agencies (presentation included in the toolkit).</p> <p>Prompts for inclusion in strategies can be found in the self-assessment matrix (SAM), included in the toolkit.</p>
	2) Citizenship and participation	<p>Did children, young people and families initiate the tackling stigma agenda?</p> <p>Have children and young people been involved from the start? If not, have their views been sought about the impact stigma has on them?</p> <p>Are there processes in place to ensure the continuous involvement of children and young people in the tackling stigma agenda?</p> <p>Are children and young people enabled to be equal partners in the decision-making process about your tackling stigma agenda?</p>		<p>Pilots who consulted with young people and families to find out what concerned them discovered that stigma was a key issue.</p> <p>Pilots who did not have active participation of children and young people at the earliest parts of their project struggled to progress.</p> <p>Ways of involving children and young people can be found in the online toolkit examples and links to participation initiatives.</p>
PRIMARY ACTION	3) Language	<p>Is there certainty and agreement around the mental health definitions and language being used? This includes consultation with children, young people and families. Confusion can surround the terminology around CAMHS and acceptance that this stretches beyond specialist services. Many people including providers and service users are uncomfortable with the term <i>mental health</i>.</p>		<p>Complete clarity is required around mental health definitions and language to be used by everyone. These need to be signed off by all, disseminated widely, and used all the time.</p> <p>Possible options include adopting the WHO definitions (case study B, an area which has undertaken this exercise, is in the toolkit). There are also other definitions available from Young Minds and the Mental Health Foundation.</p>

	Framework domain	Tackling stigma activity	Y/N	Hints/possible actions
SECONDARY ACTION	4) The role of media as allies	<p>Has the media been invited to report on the tackling stigma programme through the partnership's communications department? i.e. newspapers, radio, cinema and other media.</p> <p>Have links been made with local media about positive reporting on children's mental health and the adverse effects of stigma?</p>		Dr Warner-Gale's research suggests that working with the media to get positive messages about child and adolescent mental health into the public domain will help to raise awareness and counteract the negative stereotypes often portrayed. (Guidance on engaging with the media is included in the toolkit.)
THE BUILDING BLOCKS	5) Information	<p>Is there a range of age/developmentally-appropriate information about mental health, mental health issues, the range of support and how to access this support for children, young people, parents and carers in their area?</p> <p>Is this also available for professionals? Are children, young people and their families involved in the production of this information?</p>		To tackle stigma professionals, children and young people need clear and precise information to understand the issues facing them and the services available should they require help. (Case study C is about an area which has good information – see page 11.)
	6) Education	<p>Is there education available across the spectrum of children, parents/carers and professionals to raise their awareness? This should include mental health and mental illness and also stigma and the impact that it has. Are children, young people and their families involved in the production, delivery and evaluation of this education?</p>		Stigma can have a huge impact on children and families, can worsen ill-health and prevent access to services. Professionals, children and their families require access to education about mental health, stigma and the impact it can have. (Case study D is about an area which has developed an education package – see page 12.)
	7) Communication	<p>Is there proactive communication with children, young people and parents/carers about the services they are accessing and what to expect once they access the service?</p> <p>Are they actively involved in decisions about their treatment, through the care planning process etc?</p>		Dr Warner-Gale's research found that children and young people wished to play a more active part in their care and to have a better understanding of what exactly was going to happen and when. (Case study E is about an organisation that has communicated well with patients – see page 13.)
	8) Effective organisational systems	<p>Is a range of CAMHS services available and accessible? Are the eligibility and referral criteria clear and well understood by professionals who refer? Could children and their parents/carers be clearer about the processes involved to access timely and appropriate services?</p>		Inaccessible services can add to frustration and further stigma. (Case study G is about an area with accessible services – see page 14.)

Appendix B Anytown summary plan – tackling stigma project

Element		Application to framework	Detail: time, actions and outcome	Timescales
1	Establish children/ young people and parent and carer board (CYPB)	Citizenship and participation Parents and carers	In partnership with the voluntary sector develop a board of children/young people (including, where appropriate, parents and carers) who have used CAMHS and who represent the full spectrum of CAMHS care. Through supportive engagement the board will be central to creating and steering the full tackling stigma plan written for Anytown.	Oct 2010
2	Definitions of mental health and stigma; impact of stigma	Language and definition Education	CYPB to attend a residential in order to begin working as a group and build working relationships with reps from comprehensive CAMHS. <ul style="list-style-type: none"> • Establish language the CYPB are happy with when talking and communicating about mental health. • Through discussion form a common view about stigma and how it affects people, also to learn about the Tackling Stigma Framework. • Use this information (in DVD, pictorial or presentation format) to present to the CAMHS strategy group to gain sign up and commitment to tackling stigma at a strategic level. 	Dec 2010
3	Develop a DVD with young people	Participation and citizenship Media Education	Young people to work with media company to develop a DVD and resource pack exploring mental health, looking at scenarios and what their understanding is regarding stigma and how it affects people.	Jan 2011
4	Embed tackling stigma in strategy	Mainstreaming	The information from the CYPB may then be used (in DVD, pictorial or presentation format) to present to the CAMHS group to gain sign up and commitment to tackling stigma at a strategic level, eg through inclusion in the children and young people's plan.	Feb 2011
5	Mental health training	Participation and citizenship Education	Mental health promotion trainer to deliver training to children's workforce promoting the agreed definition of mental health. Additionally children/young people and families to be trained in delivering training and to be part of the delivery package to professionals and other children and families across Anytown. DVD and pack to be utilised as a training tool to promote discussion about stigma and its effects.	March 2011

Element		Application to framework	Detail: time, actions and outcome	Timescales
6	CAMHS information – leaflets and website	Information	Young people and parents/carers will be involved in designing age-appropriate and accessible information leaflets about mental health, ill-health and accessing CAMHS. This information will also appear on a website.	April 2011
7	Drama production	Participation and citizenship Media as allies	Develop a drama production with young people, for young people, that can fit within the school syllabus which challenges myths and stereotypes around mental health. Also to be broadcast on local radio station.	July 2011
8	Local radio campaign	Language	Working with children and young people to plan and develop radio jingles around mental health and the issue of language and stigma. To be aired on local radio.	Sept 2011
9	Accessing services	Information Communications	CYPB to explore and then advise how children and young people would like to receive information about CAMHS and their appointments with CAMHS. <ul style="list-style-type: none"> Each team to have a children and young people's version of the CAMHS leaflet (designed for and by children and young people) that describes services and informs others how services and systems work. Mechanisms put in place to ensure children and young people are central and active in the planning of their care. 	Jan 2012
10	Mental health <i>five a day</i> campaign	Citizenship and participation Information Media	A group of year 12 media students to lead an advertising campaign with children and young people from across Anytown as their customers. They will: <ul style="list-style-type: none"> Engage children and young people in submitting their ideas for <i>five a day</i>, focusing on <i>what helps you to maintain good mental health?</i> The CYPB will be supported to choose the final five a day. The year 12 media students will then arrange for this to be advertised across the city e.g. bus hoardings, supermarket receipts and the local press. This will include strong messages about supporting good mental health and tackling stigma. 	March 2012

Appendix C Tool for measuring the impact of tackling stigma activity

Below is the tool that the Northamptonshire pilot have designed to measure the impact of their tackling stigma programme on the young people in their county.

Questionnaire

The Children's Rights Service on behalf of the Children and Young People's Partnership are currently asking children and young people for their views on mental health stigma before beginning a countywide initiative to raising awareness of stigma and its negative consequences. Your views and thoughts are very important and will help us to develop a strategy based on any responses to this questionnaire.

A definition of stigma is:

When people are branded as something and disapproved of, especially when this is unfair or wrong. People can also be stigmatised for having learning or physical needs.

1) Do you agree young people's mental health in Northamptonshire is being affected by stigma?

Strongly agree Agree Neither Disagree Strongly disagree

2) In what ways do you think young people can become stigmatised?

3) Please feel free to express how you feel about mental health visually in the box below using drawing, words or images.

4) Do you agree with this statement: Mental health stigma can make problems worse.

Strongly agree Agree Neither Disagree Strongly disagree

5) Do you agree with this statement: We need to reduce mental health stigma?

Strongly agree Agree Neither Disagree Strongly disagree

6) How do you think mental health stigma affects people?

It can cause poor self-image? YES NO

It can cause social isolation? YES NO

It can cause poor academic performance? YES NO

It can cause mental health problems (anxiety, depression, self-harm) YES NO

It can make it hard for people to talk about their problems? YES NO

Do you have any other ideas?

7) Have you ever been affected by mental health stigma? YES NO

If yes, are you able to tell us how?

8) How would you challenge mental health stigma?

- Speak up for someone Tell a professional Give support to someone
 Challenge people's views Raise awareness that stigma needs to be stopped

Any other ways you can think of?

9) What would be the best way to raise awareness of mental health stigma?

- Posters Radio TV Texts Newspapers Music Group activities
 Websites Professionals

Do you have any other ideas?

10) Can you think of any slogans we could use to print on promotional leaflets/posters e.g. 'stop stigma' or 'stigma sticks'

11) How old are you? _____

12) The nearest town where you live: _____

13) Are you: Male Female

14) Your ethnicity:

White: British Irish Other White

Asian/Asian British: Indian Pakistani Bangladeshi Other Asian

Black or Black British: Black Caribbean Black African Other Black

Chinese/other ethnic group: Chinese Other

Mixed: White/Black Caribbean White/Black African White and Asian Other mixed

The information you have given us will shape the groups and events we are organising to tackle the stigma around mental health. If you would like us to let you know about these activities please give us your name and contact details below.

Name: _____

Telephone number: _____

Address: _____

Email address: _____

Appendix D Participation consent form

Consent to take part in *[insert name of project]* for *[insert organisation name]*

We suggest you put your organisation's logo at the top of the page to reassure the participant it is for official work with a reputable organisation.

The project

Give details here of your project. Make sure you include what the project involves, relevant dates, what the objectives are, and what the benefits will be. Example template:

'We are conducting a project to tackle the stigma of mental health problems and plan to... The project aims are to...' *(provide these in bullets).*

'We would like to involve children and young people like you to... We will be starting the project on *[date]* and would like you to attend a focus group on *[date]* and/or take part in filming *[name of film]* on *[date]* and/or would like to interview you (and family if applicable) in *[provide timeframe, e.g. June or July]*. At the end of the project we will produce...' *(give details of any products, e.g. report, action plan etc with timescales).*

Taking part

Describe here what the person taking part would need to do. For people to agree to take part, they need to fully understand what they are agreeing to! You also need to describe here their basic rights and the ethical considerations you have made. This will vary depending on the nature of your project.

Example template if doing interview:

'We would like to talk to you about...' *(make sure you cover everything here you will be talking to them about, e.g. experiences of services, how they would like services to work, etc)* **'Your experiences and opinions will help us to... The interview will be recorded using a...'** *(if applicable).* **The information you give us will be confidential and we will store it in a safe place by...'** *(e.g. electronically protecting it with a password, or keeping hard copies in a locked filing cabinet, replacing names and places in quotes with pseudonyms, etc)*

Example template if filming:

'We would like you to take part in filming a DVD called *[insert title]* about... We will be using the DVD to...' *(make sure you say if it will also go into public domain and who will see the film).*

The above templates can be adapted for projects involving focus groups, surveys and questionnaires, photographing activities etc. Use the first template for anything that will result in them providing verbal or written data and the second template for anything that will result in an image of them being used.

Consent – young person *(If being interviewed etc and data will be confidential)*

I agree I would like to take part in this project and confirm I have understood what I will be doing. I understand that I can change my mind at any time and that any information I give will be confidential and kept in a safe place.

Signed: _____ Date: _____

NB The legal age of consent for a young person is 16. If they are 16 or older, you do not need to get a parent or guardian's consent but it is considered good practice to at least consult the parent where possible.

Consent – parent/guardian

I agree that my child (and I if applicable) can take part in this project and I understand how they will be involved. I understand that any information my child gives will be strictly confidential and that data will be kept secure. I understand that, should my child wish to be withdrawn from the project, they have the right to do so and will be supported in doing this.

Signed: _____ Date: _____

Consent – young person *(if being filmed or photographed)*

I agree I would like to take part in this project and confirm I have understood what I will be doing. I understand that the images and film I am in will be used for the purpose of [describe here] and there is a possibility it may be seen by the public (if applicable). I agree I am happy for my image to be used. *(Remember to use age-appropriate language.)*

Signed: _____ Date: _____

Consent – parent/guardian

I agree that my child can take part in this project and I understand how they will be involved. I understand that my child will be featured in a film and/or photograph that will be used for [describe here] and may be available to the public (if applicable). I agree I am happy for the film and/or images to be used.

Signed: _____ Date: _____

Further information

'If you would like more details before giving your consent, please contact...'

*If applicable, 'Return your completed consent form in the stamped addressed envelope enclosed.'
(You will increase the number of participants you get if you provide a stamped addressed envelope.)*

Acknowledgments

We would like to thank all of the pilot sites and the children and young people who have been involved in the National Tackling Stigma Project for their hard work and enthusiasm. We would also like to thank the NCSS central business team, including Jo Edgar, Sarah Poole, Christine Fretwell and Katherine Smith for all their help in the successful development of the project and toolkit.

We would like to acknowledge the support and encouragement from Angie Pullen and Dawn Rees (NCSS) throughout the project, and also the members of the Tackling Stigma Steering Group: Sarah Brennan (YoungMinds), Cathy Street and Jo Loughran (Rethink), Anne Duggan (Northumberland pilot), Lesley Watson (Department of Health), Rajinder Nagra (NCSS) and ECOTEC (project evaluation team).

The photograph on page 8 has been reproduced with permission from Durham, Darlington and Tees pilot site.

Finally, we would like to thank Kate Harker, National Tackling Stigma Project Manager, NCSS, for her drive and enthusiasm in leading and managing the project and developing this toolkit, and Dr Fiona Warner-Gale, National Lead for Tackling Stigma, NCSS, for the development of the project and the Tackling Stigma Framework and for supporting the development of the toolkit.

Suggested further reading

For more information on the subject of mental health and tackling stigma, we have provided a short list below:

Dogra N, Parkin A, Gale F and Frake C (2008) **Child and Adolescent Mental Health for Frontline Professionals**. Chapter 1. London, Jessica Kingsley Publishers.

Gale F (2007) Tackling mental health and other forms of stigma in vulnerable children. In P Vostanis (Ed) **Mental Health Interventions and Services for Vulnerable Children and Young People**. London, Jessica Kingsley Publishers.

Hinshaw S (2007) **The Mark of Shame: Stigma of Mental Illness and an Agenda for Change**. New York, Oxford University Press.

Thornicroft G (2009) **Shunned: Discrimination Against People with Mental Illness**. Oxford, Oxford University Press.

References

Corrigan PW, Kerr A and Knudson L (2005) The stigma of mental illness: explanatory models and methods for change. **Applied and Preventive Psychology**, 11, 179-190.

Gale F (2006) **Children's and Parent/carers' Perceptions of Mental Health and Stigma**. Unpublished PhD Thesis. University of Leicester.

Gale F (2007) Tackling mental health and other forms of stigma in vulnerable children. In P Vostanis (Ed) **Mental Health Interventions and Services for Vulnerable Children and Young People**. London, Jessica Kingsley Publishers.

Hinshaw S (2005) The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. **Journal of Child Psychology and Psychiatry**, 46 (7), 714-734.

McLeod JD, Fettes DL, Jensen PS, Pescosolido BA and Martin JK (2007) Public knowledge, beliefs and treatment preferences concerning attention-deficit hyperactivity disorder. **Psychiatric Services**, 58 (5), 626-631.

NIMHE (2004) **From Here to Equality: a strategic plan to tackle stigma and discrimination on mental health grounds**. Leeds, NIMHE.

Pescosolido BA, Fettes DL, Martin JK, Monahan J and McLeod JD (2007) Perceived dangerousness of children with mental health problems and support of coerced treatment. **Psychiatric Services**, 58 (5), 619-625.

Perry BL, Pescosolido BA, Martin JK, McLeod JD and Jensen PS (2007) Comparison of public attributions, attitudes and stigma in regard to depression among children and adults. **Psychiatric Services**, 58 (5), 632-635.

Thornicroft G, Brohan E, Kassam A and Lewis-Holmes E (2008) Reducing stigma and discrimination: candidate interventions. **International Journal of Mental Health Systems**, 2 (3), 110-117.

Thornicroft G, Brohan E, Rose D, Sartorius N, Leese M, for the INDIGO Study Group (2009) Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. **The Lancet**, 373 (9661), 408-415.

Wahl OF (1999) Mental health consumers' experience of stigma. **Schizophrenia Bulletin**, 25, 467-478.

Pilot sites across England are implementing the Tackling Stigma Framework and helping to add to this wealth of knowledge through their experiences. This toolkit has been developed for all professionals, partnerships and organisations who commission and provide children's and young people's mental health services. It aids the development of a planned and informed approach to tackling the stigma of children's and young people's mental health problems.

The toolkit was developed as part of a national suite of projects undertaken by the National CAMHS Support Service (NCSS). The NCSS has worked with local commissioners and provider organisations since 2003, responding to their requests for support, improvement methodology and additional capacity to improve the emotional health, wellbeing and mental health of children and young people. The toolkit is available online at www.chimat.org.uk/tacklingstigma

