

People's Stigma Free Network



Stigma Free
Lanarkshire

**SUMMARY
REPORT**

**SEPTEMBER
2025**



Table of Contents

01

The Journey So Far

02

Meeting Overview

03

Session Highlights

04

Interactive Activities

05

Evaluation Framework

06

Quantitative Findings

07

Qualitative Insights & Themes

08

Areas for Improvement & Future Directions

The Journey So Far

Established in early 2025, the People's Stigma Free Network (PSFN) emerged from groundwork laid during community consultations in late 2024. The inaugural meeting in January 2025 brought this vision to life, uniting individuals, community groups, and public-sector partners in a shared commitment to tackling stigma through learning and collective action.

By April 2025, youth voices from the GoTo Service further deepened the Network's impact, highlighting the power of lived and living experience in shaping compassionate, stigma-free communities. Together, these milestones have created the foundation for a growing movement across Lanarkshire, one grounded in empathy, collaboration, and lasting change.

Our Areas of Focus

These three pillars guide PSFN's ongoing learning, collaboration, and community action.



Awareness



Inclusion



Empowerment

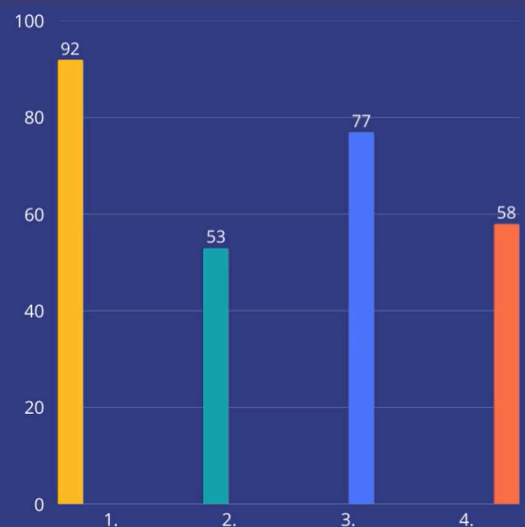


Meeting Overview

The September 2025 PSFN meeting continued the Network's mission to create spaces where lived experience, professional insight, and community action converge to challenge mental-health stigma across Lanarkshire.

The session opened with the short introductory video *Bringing People Together*, which revisited the Network's shared values of compassion, inclusion, and co-production while reflecting on PSFN's journey since January 2025. Drawing on findings from the *Scottish Mental Illness Stigma Study* (See Me Scotland & Mental Health Foundation, 2022) alongside feedback from PSFN members, the video reminded members that while awareness has grown, stigma continues to affect lives and discourage help-seeking. It set a reflective tone for the session, reinforcing that meaningful change begins through connection, understanding, and shared action.

- **92%** of participants say that they have experienced stigma in relationships with family and friends in the last year.
- **53%** said they respected themselves less because they will not recover or get better.
- **77%** said they had been treated unfairly at work.
- Of those who had faced stigma in mental healthcare services, **58%** had avoided calling an ambulance or attending A&E in relation for emergency mental healthcare.



The Scottish Mental Illness Stigma Study - See Me



Session Highlights

OPENING REFLECTION: FROM STIGMA TO STIGMA FREE

Following the introductory video, facilitators invited members to reflect on the language and emotions associated with mental-health stigma through a short group exercise. Two prompt questions were shared:

1. What words do you think about when you hear the words mental health stigma?
2. What words do you think about when you hear the words free from mental health stigma?

Responses were captured on flip charts under the headings “Stigma” and “Stigma Free.” These reflections were later collated into digital word clouds, illustrating the most common associations shared across the group (see **Figures 1 and 2**).

Words linked with stigma often reflected **judgement, fear, misunderstanding, and shame**, while those associated with stigma free expressed **acceptance, compassion, empowerment, and belonging**. Facilitators highlighted that the positive associations of stigma free represent the future we are collectively working towards—a reminder that the individual and shared actions taken through the Network help move communities closer to that goal.

This reflective start grounded the day’s discussions in a shared language and purpose, setting the tone for the later activities on understanding stigma and planning collective action.

Figure 1. Words associated with “Stigma,” as identified by members during the opening reflection.



Figure 2. Words associated with “Stigma Free,” as identified by members during the opening reflection.



CHAMPION SPOTLIGHT - MARC HOWARD, HEALTH IMPROVEMENT SENIOR (NHS LANARKSHIRE)

Marc Howard, a Stigma Free Lanarkshire Champion and longstanding PSFN member, delivered an inspiring presentation highlighting the practical actions he has taken to challenge stigma and promote stigma-free practice.

Building on the *Action Plan* introduced in January, Marc reflected on how the Network has influenced his professional practice and shared progress made since the spring session. In the week leading up to this meeting, he delivered the Understanding Stigma and Discrimination workshop twice, reaching over 50 members across South Lanarkshire Council day services and apprenticeship programmes. The sessions encouraged members to reflect on their language, attitudes, and workplace culture, fostering more compassionate, inclusive environments.

Marc also emphasised the importance of addressing intersectional stigma. After hearing Karen's lived-experience story at the January PSFN session, he connected the Alcohol and Drug Partnership with Stigma Free Lanarkshire to capture the dual experiences of those facing both mental-health difficulties and addiction. This collaboration made the workshop more inclusive by embedding dual-stigma awareness into delivery. As a result, the ADP's lived-experience panel are now using the workshop to engage decision-makers and advocate for more accessible, joined-up support.



He described how this partnership has sparked wider conversations about service integration in Bellshill, leading Mental Health and Addiction teams to explore shared spaces, joint screening processes, and more coordinated approaches to care—steps that are beginning to build genuinely joined-up services across the locality.

His presentation demonstrated how connections first made within the Network can translate into real-world impact—from embedding intersectional perspectives in training to strengthening collaboration across local services. Together, these developments reflect the PSFN's growing influence as a catalyst for culture change across Lanarkshire.

LIVED EXPERIENCE SPOTLIGHT - THOMAS MCCALLUM

Thomas McCallum, a Stigma Free Lanarkshire volunteer, singer-songwriter, and mental-health advocate, shared a deeply moving account of his personal journey with stigma and self-acceptance. Diagnosed in 2017 with young-onset Parkinson's disease, Thomas spoke candidly about the emotional impact of stigma, describing how internalised shame can transform into purpose when people find understanding, connection, and support. His story illustrated the human side of stigma, reminding members that visibility and openness can inspire others to seek help and realise they are not alone.

Drawing on his background as a proud Glaswegian musician and performer, Thomas reflected on how music has become both an outlet for expression and a platform for awareness. From performing on iconic stages such as the Glasgow Hydro and Kings Theatre to representing the city at the Commonwealth Games Opening Ceremony, he has used his art to challenge stereotypes and promote inclusion. More recently, he has brought his voice to community conversations as a presenter on Radio Parkies and Shaky Radio, where he discusses life with Parkinson's and the importance of peer support.

Thomas also featured on a recent CamGlen Radio podcast alongside the Stigma Free Lanarkshire team, exploring the impact of mental-health stigma across local communities. The episode highlighted the continuing work of SFL and the small, everyday ways we can all contribute to a stigma-free culture.

Members described Thomas's talk as "moving" and "inspiring", noting how his openness and authenticity created a space for empathy and reflection. His contribution illustrated the value of lived and living experience within the PSFN, demonstrating how personal stories can challenge misconceptions and encourage open, honest conversations about stigma.



Interactive Activities

UNDERSTANDING STIGMA Q&A

Using interactive Mentimeter polls, members explored five forms of stigma—**public, self, associative, structural, and intersectional**—through short real-life scenarios. Each example prompted discussion on how stigma is experienced and sustained across families, workplaces, services, and communities.

SCENARIO 1 - SELF-STIGMA

Most members recognised that fear of being dismissed by loved ones reflects self-stigma (see **Figure 3**). **Figure 4** presents the distribution of responses, showing that **71%** said they would still speak to family members despite fear of judgement, while **29%** would remain silent. This highlights how internalised beliefs such as *"I should be stronger"* can prevent people from seeking help and deepen isolation, indicating that while motivation to reach out is strong, self-stigma remains a major barrier to disclosure.

Figure 3. Responses to Scenario 1: Identifying Self-Stigma.

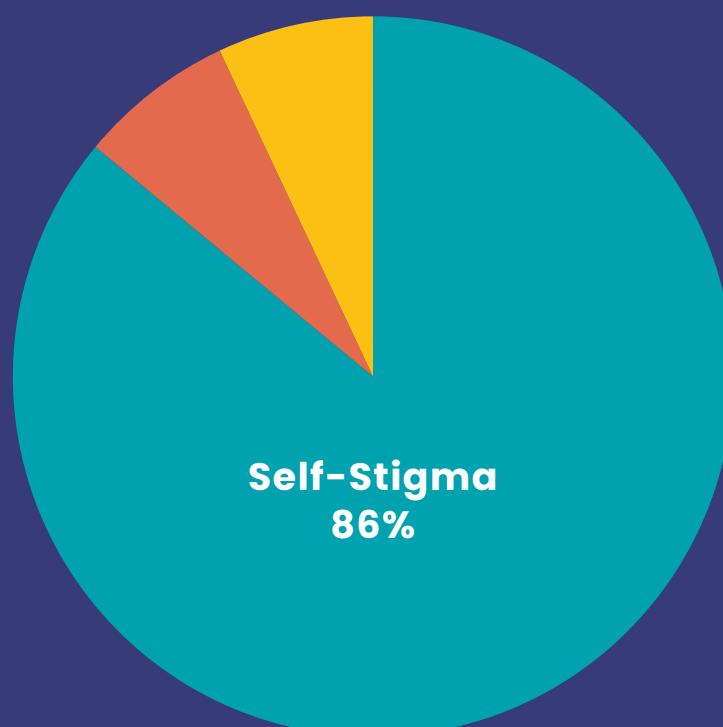


Figure 4. Responses to Scenario 1: Likelihood of speaking to family despite fear of judgement.



SCENARIO 2 - STRUCTURAL STIGMA

All members recognised a need for broader inclusion in workplace and community policies, with most identifying structural stigma and others selecting stigma by association (see **Figure 5**). This divergence likely reflects the scenario's dual focus, highlighting both systemic exclusion and the experiences of carers supporting someone with mental illness. As shown in **Figure 6**, all respondents said they would take action to advocate for greater inclusion, demonstrating confidence in challenging stigma at a systems level.

Figure 5. Responses to Scenario 2: Identifying Structural-Stigma.

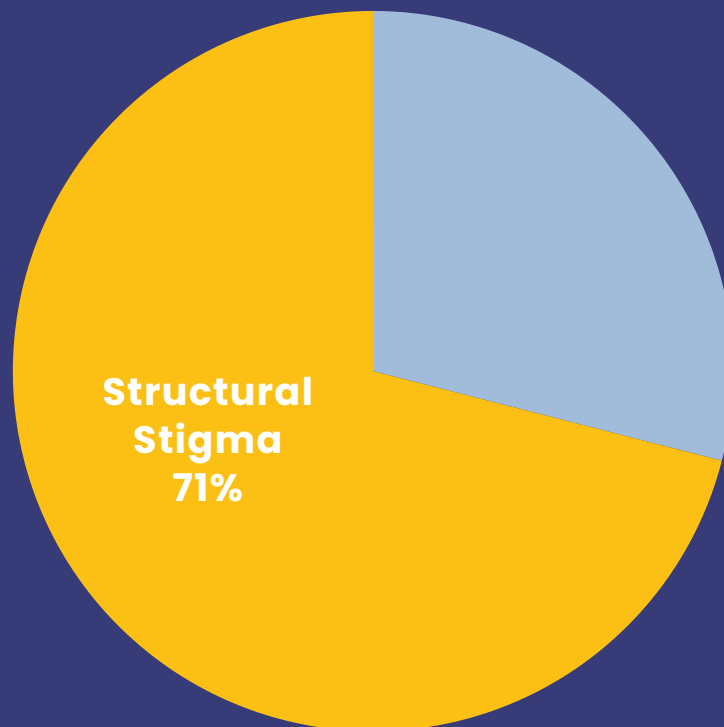
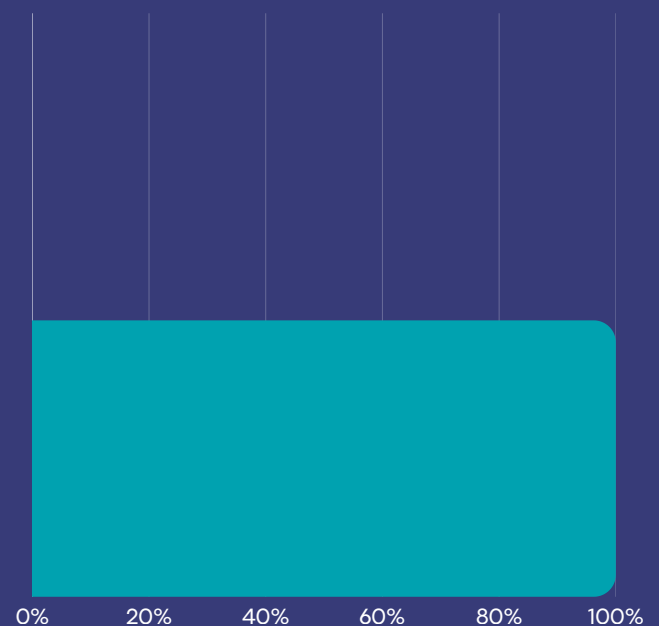


Figure 6. Responses to Scenario 2:
Likelihood of advocating for broader inclusion in response to structural stigma.

You leave it, thinking it will not be taken seriously and is not worth the effort

You call for a review and advocate for broader inclusion, highlighting how structural stigma excludes those supporting someone with serious mental health challenges across families, communities and workplaces.



SCENARIO 3 - PUBLIC STIGMA

Members strongly agreed that sensationalised media coverage represents public stigma (see **Figure 7**), with **79%** saying they would challenge a stigmatising headline and **21%** choosing not to (see **Figure 8**). Discussion centred on the role of language and headlines in reinforcing stereotypes about danger and instability, and how public challenge can shift narratives.

While many expressed confidence in calling out stigma, others questioned the impact of doing so, noting that challenging the media can feel futile when large outlets rarely respond or change their approach. This reflected both commitment and realism, highlighting the need for practical tools, collective action, and supportive networks to make advocacy feel worthwhile and effective.

Figure 7. Responses to Scenario 3: Identifying Public Stigma.

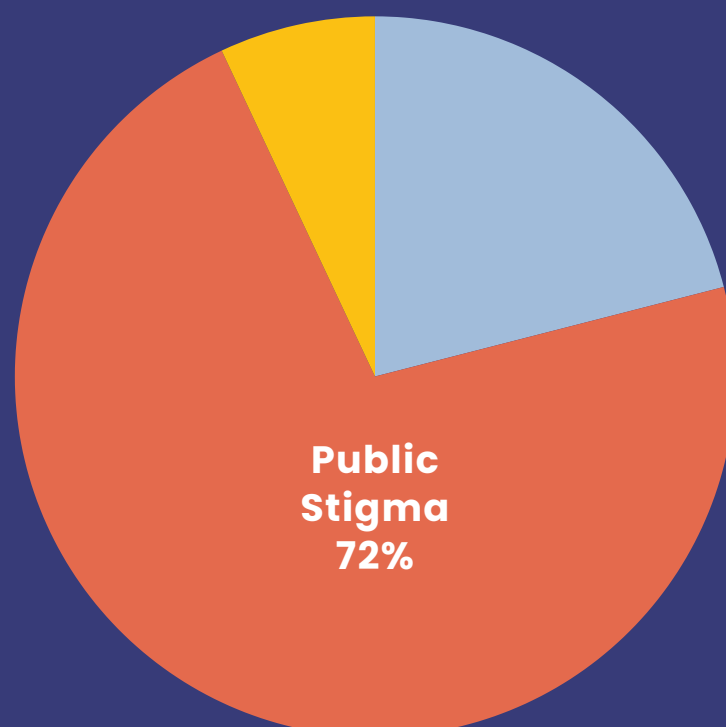
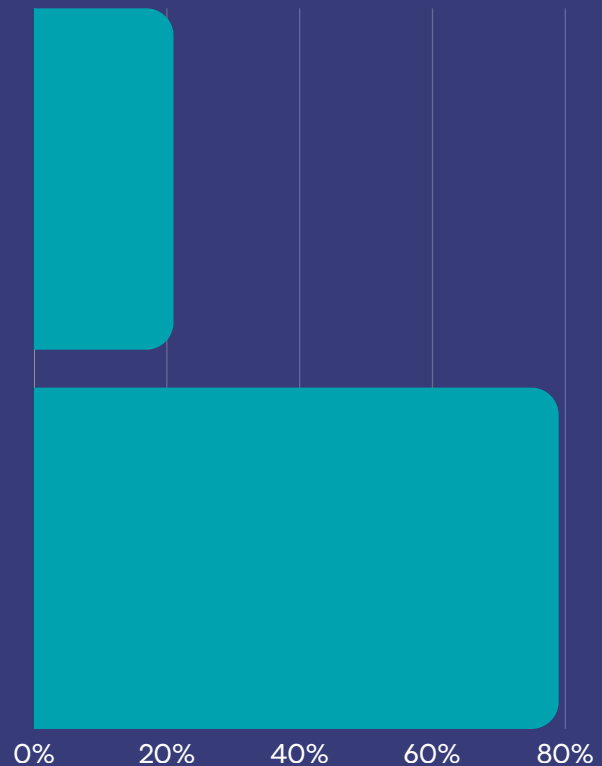


Figure 8. Responses to Scenario 3: Likelihood of challenging stigmatising media coverage in response to public stigma.

You ignore it, thinking that media will always sensationalise mental health and there's no point challenging it.

You write to the editor or post publicly, calling out the stigma and asking for more responsible reporting.



SCENARIO 4 - STIGMA BY ASSOCIATION

Unanimous responses recognised associative stigma (see **Figure 9**), demonstrating clear understanding that stigma can extend to friends and family members. As shown in **Figure 10**, all members said they would speak up if exclusion occurred within a community group, reflecting strong confidence in peer advocacy.

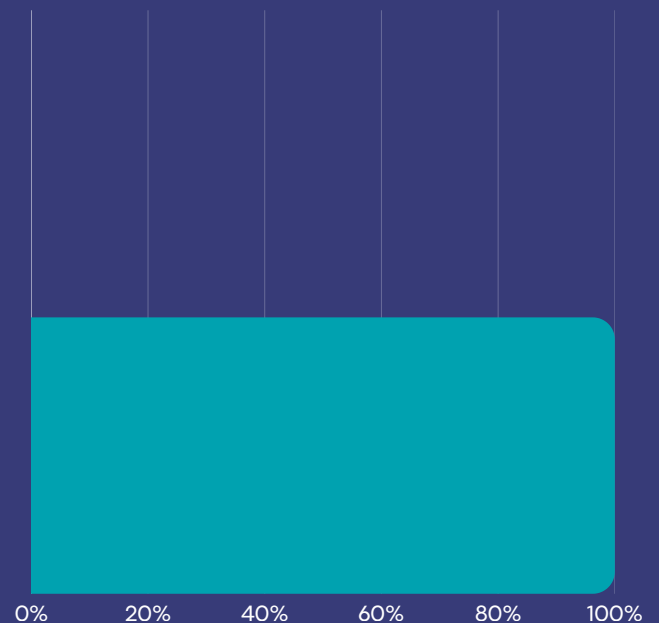
Figure 9. Responses to Scenario 4: Identifying Stigma by Association.



Figure 10. Responses to Scenario 4: Likelihood of speaking up in response to associative stigma.

**You let it go, feeling it's not worth
risking your place in the group or
being seen as difficult.**

**You speak up about the exclusion
and the comment, pointing out the
stigma and pushing for inclusion,
even if it causes tension.**





SCENARIO 5 - INTERSECTIONAL STIGMA

Almost all members identified intersectional stigma (see **Figure 11**), noting how faith and cultural identity can intersect with mental-health experiences. However, this scenario primarily centred on structural stigma within a religious context, which may have influenced responses. Some members shared that they found it difficult to imagine themselves in the situation, recognising their own distance from the cultural context.

Despite this, there was strong appreciation for the scenario's relevance, with members acknowledging that Muslims and other faith communities may face additional barriers when seeking support. As shown in **Figure 12**, most members said they would still confide in family despite potential judgement, indicating openness to dialogue when compassion and cultural sensitivity are present.

One member reflected on her work with a local imam who holds safe spaces for honest dialogue about mental health and overcoming stigma, describing it as a progressive and hopeful example of faith-based inclusion. This discussion highlighted both the importance of cultural humility and the value of representing diverse experiences when exploring how stigma manifests across communities.

Figure 11. Responses to Scenario 5: Identifying Intersectional Stigma.

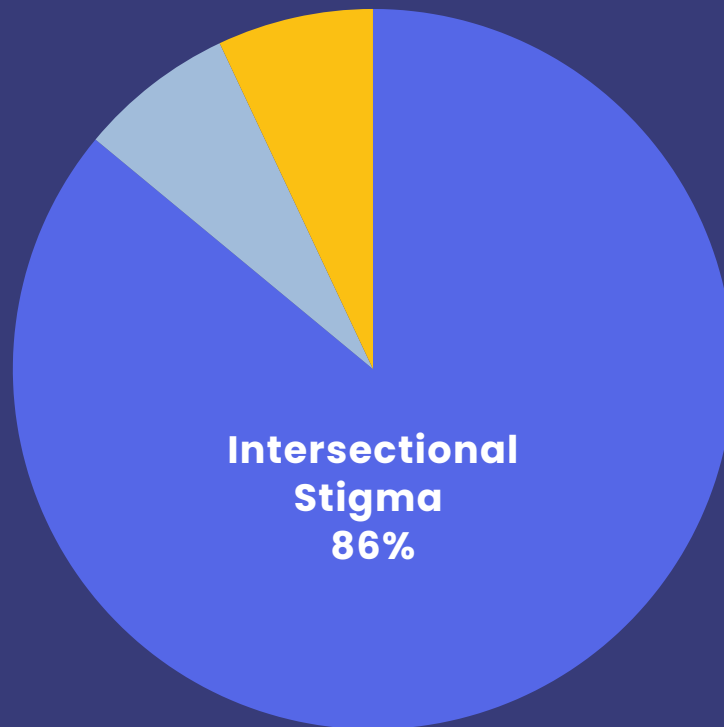
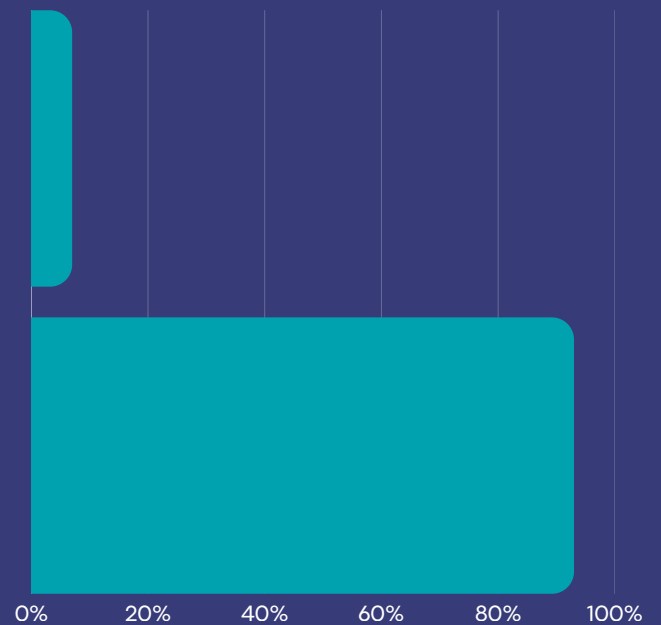


Figure 12. Responses to Scenario 5: Likelihood of disclosure in response to intersectional stigma.

You keep it to yourself, fearing judgment and believing it's safer to stay silent than risk being misunderstood.

You decide to speak to them anyway, hoping they'll respond with compassion and begin to understand what you're going through.





ACTION PLANNING

Facilitators led a rich, interactive groupwork session guiding members through the My Action Plan booklet—a living workbook designed to help members identify, plan, and reflect on one achievable step they could take to promote a stigma-free culture in their personal or professional lives.

The booklet offers a simple framework for planning and reflection. Members were invited to record their initial intentions, take the booklet away for ongoing use, and revisit their progress over time (see **Figure 13**). Each copy is individually numbered to enable tracking of collective outcomes while preserving anonymity. Insights from these reflections will be revisited in future PSFN meetings to understand what supported or hindered action in real-world settings.

During the activity, members considered:

- why they care about challenging stigma;
- their starting point in confidence and motivation;
- the first action they want to take;
- who might support them; and
- what barriers or enablers could affect success.

Facilitators reminded members that small steps matter and that individual actions contribute to the wider movement. Using prompt questions and resource cards, they supported members to turn ideas into realistic, meaningful commitments.

This process generated a range of pledges, including:

- initiating mental-health conversations in workplaces and community groups;
- modelling inclusive, non-judgemental language;
- sharing lived-experience stories safely; and
- challenging misconceptions within families or teams.

Overall, the activity helped members move from awareness to action. Through guided discussion and peer support, members identified barriers and enablers of change, transforming reflection into motivation and building momentum for collaborative action across Lanarkshire.

Figure 13. Sample pages from the My Action Plan booklet.

Why I care?	My Starting Point
 What makes this important to me?  What do I want to see change in my community?  1	Before I begin, I want to check in with myself. These questions help me notice how I feel about taking action right now. I can come back later and see if anything's changed. Please circle how much you agree with the following: 1 = Strongly Disagree 5 = Strongly Agree • I feel confident talking about mental health with others.  1 2 3 4 5 • I believe I can help reduce stigma.  1 2 3 4 5 • I know where to find support or resources.  1 2 3 4 5 1
My First Action	My First Action
 I want to...  When might I do this? 1	 Where will I do this (e.g., workplace, community, home)?  Who might I involve or ask for support?  Need help? (Scan the QR code to explore examples from others in the network)  1

NETWORKING

The session concluded with informal networking following the group action-planning activity, giving members space to share updates on their own anti-stigma initiatives and explore opportunities for collaboration.

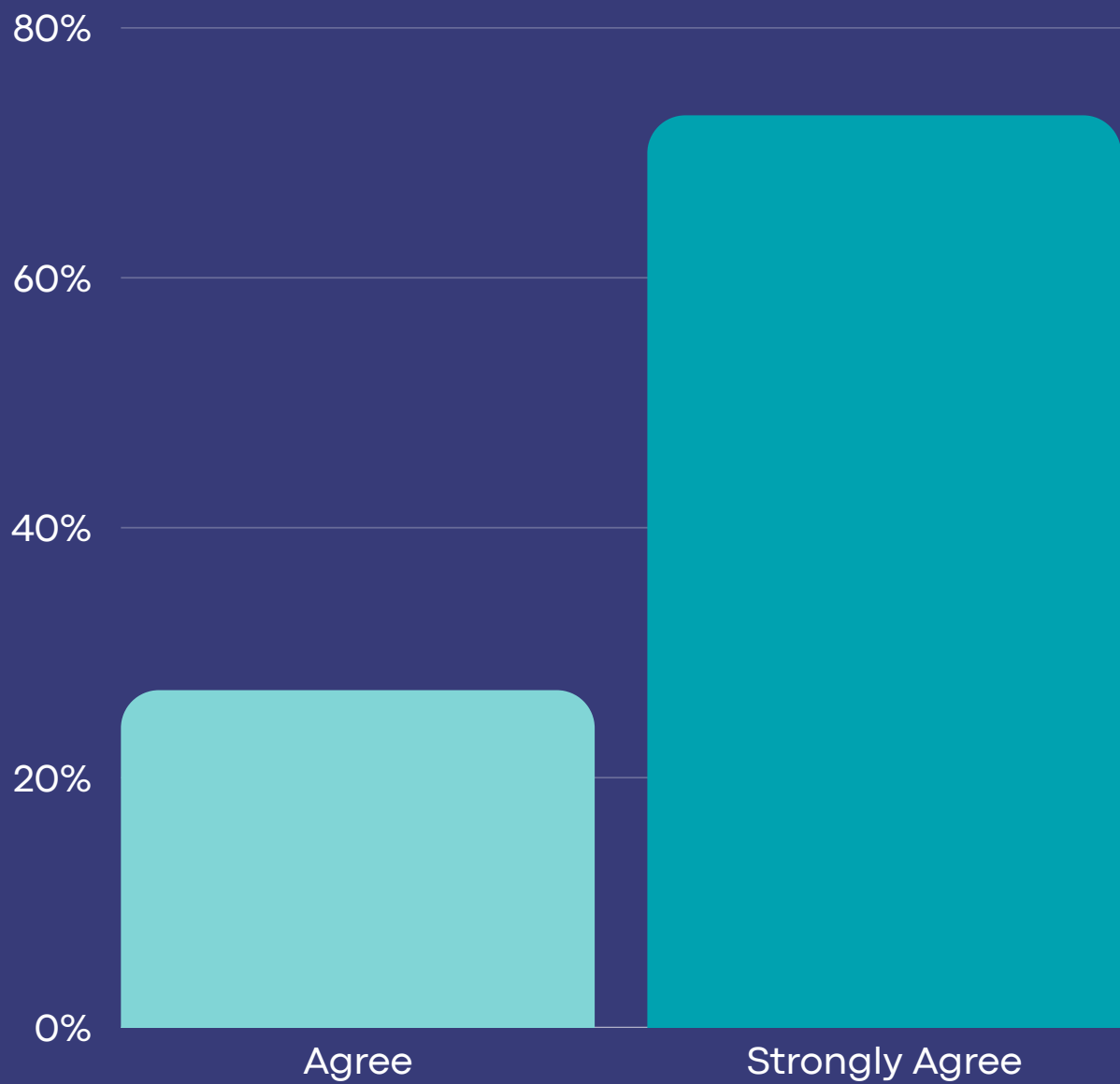
Survey feedback showed that this was one of the most valued parts of the session. All respondents agreed or strongly agreed that they had made a useful new connection (see **Figure 14**).

Open-text responses highlighted plans to collaborate across local mental-health and carers' organisations, co-deliver stigma-awareness training, and support peers to take on facilitation roles. Others spoke about building relationships with lived-experience members and Health Improvement teams, demonstrating how PSFN continues to spark practical, cross-sector collaboration (see *Qualitative Insights and Thematic Analysis* for further detail).

This networking space reinforced the Network's identity as a living, evolving community of practice where shared learning and relationships translate into action across Lanarkshire.



Figure 14. Responses: "I made a useful new connection today."



Evaluation Framework

01

Awareness

02

Confidence

03

Inclusion

04

Motivation to Act

05

Empowerment

The PSFN evaluation framework is closely aligned with Stigma Free Lanarkshire's campaign aims and national mental-health strategies, including **Good Mental Health for All** and the **Lanarkshire Mental Health and Wellbeing Strategy**. Each emphasises prevention, inclusion, equity, and community empowerment to take collective action against stigma.

Pre- and post-event surveys measured members' awareness, confidence, motivation to act, and sense of inclusion within the Network. These domains reflect national and local strategic priorities (see **Table 1**).

The framework also draws on insights from the **Scottish Mental Illness Stigma Study** (See Me Scotland & Mental Health Foundation, 2022) and the **Self-Stigma of Mental Illness Scale – Short Form** (Corrigan et al., 2012). Items such as *"I feel able to talk openly about my own experiences without shame"* and *"I feel confident to challenge stigma when I see it"* capture constructs of self-stigma, disclosure, and empowerment (Corrigan & Rao, 2012).

By integrating strategic goals with validated stigma-reduction models, the PSFN evaluation framework ensures both local relevance and theoretical rigour, strengthening its contribution to Scotland's wider evidence base on awareness, empowerment, and inclusion.

Table 1. Alignment of PSFN Survey Items with Campaign and Strategic Outcomes.

Survey Focus	Stigma Free Lanarkshire Campaign Aim	Strategic Alignment
Confidence to challenge stigma	Confidence; empowerment to act	<i>"Everyone plays their part"</i> – Good Mental Health for All
Awareness of how stigma affects people's lives	Positive attitudes	Tackling stigma and discrimination – Lanarkshire Mental Health and Wellbeing Strategy
Ability to talk openly about experiences without shame	Inclusion; reduced self-stigma	Supporting recovery and participation – Good Mental Health for All



Change begins with one person and ripples outward through conversation, collaboration, and shared learning, building collective strength as individuals, communities, and partners unite through stigma-free action.



Quantitative Findings

Eleven attendees completed the pre- and post-event survey. Findings show consistent growth in awareness, confidence, and motivation to act following the session (see **Figure 15**). Post-event scores increased across all seven measures, with particularly strong gains in members' confidence to recognise stigma (**82% → 100%**) and ability to talk openly about their own experiences (**64% → 91%**).

The substantial rise in willingness to speak openly without shame suggests reduced self-stigma and a stronger sense of psychological safety within the Network. Meanwhile, awareness of how stigma affects people's lives reaching **100%** indicates that the workshop's interactive activities—such as group reflections and lived-experience discussion—effectively deepened empathy and perspective-taking, moving members beyond abstract understanding toward genuine attitudinal shift.

Post-event reflections further reinforced these trends: **100%** of members agreed or strongly agreed that they made a useful new connection, felt motivated to take action on stigma, and felt more confident challenging stigma in their community (see **Figure 16**).

Overall, the findings indicate that the Network is effectively building awareness, fostering collaboration, and sustaining motivation to create stigma-free communities across Lanarkshire. The consistent improvement across all measures suggests that PSFN is supporting members to move from learning into practice—translating insight into tangible, stigma-free action. These outcomes also demonstrate PSFN's growing influence as a community of practice that connects learning, peer support, and shared accountability for change.

Figure 15. Percentage of members reporting positive attitudes before and after the session.

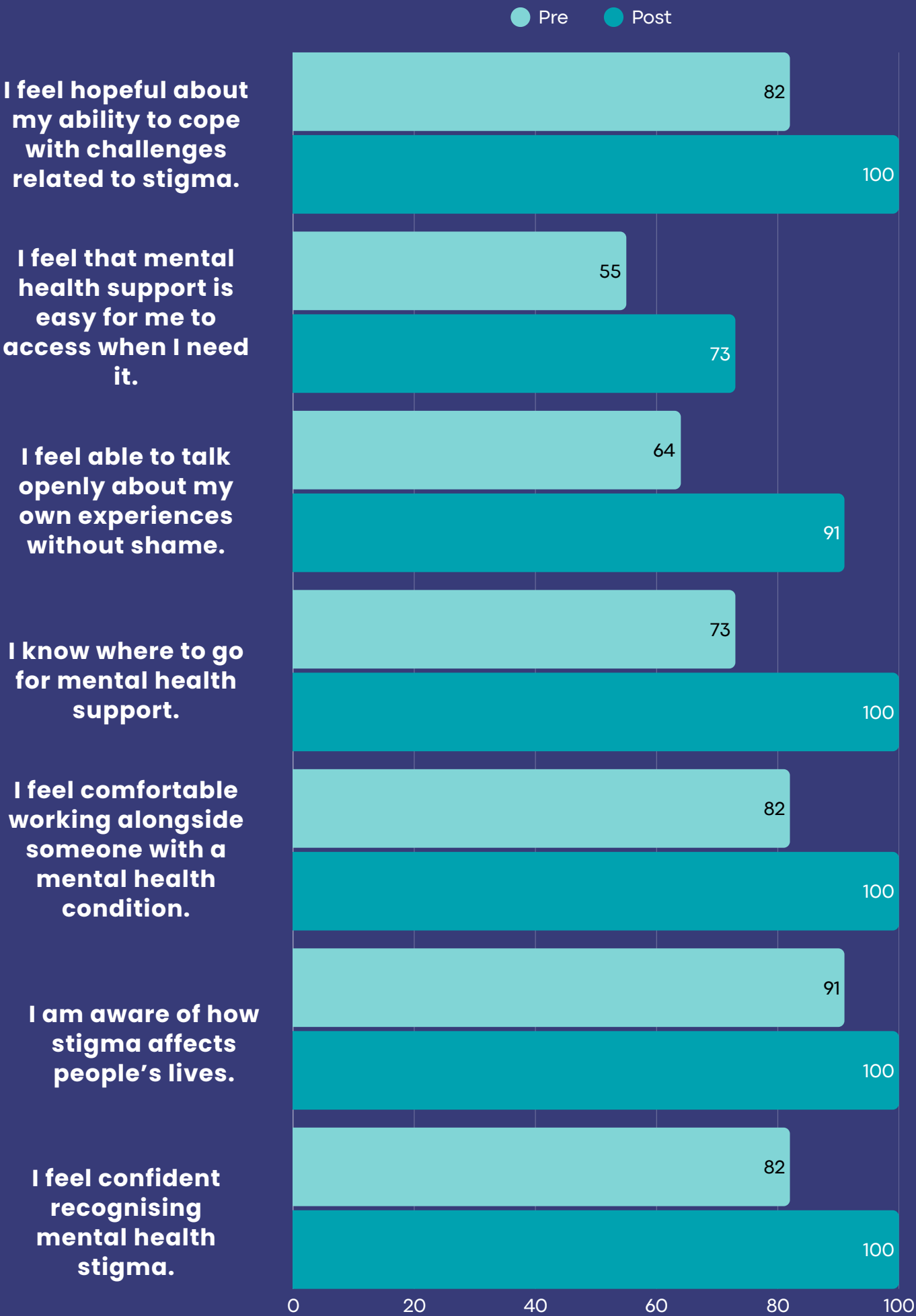
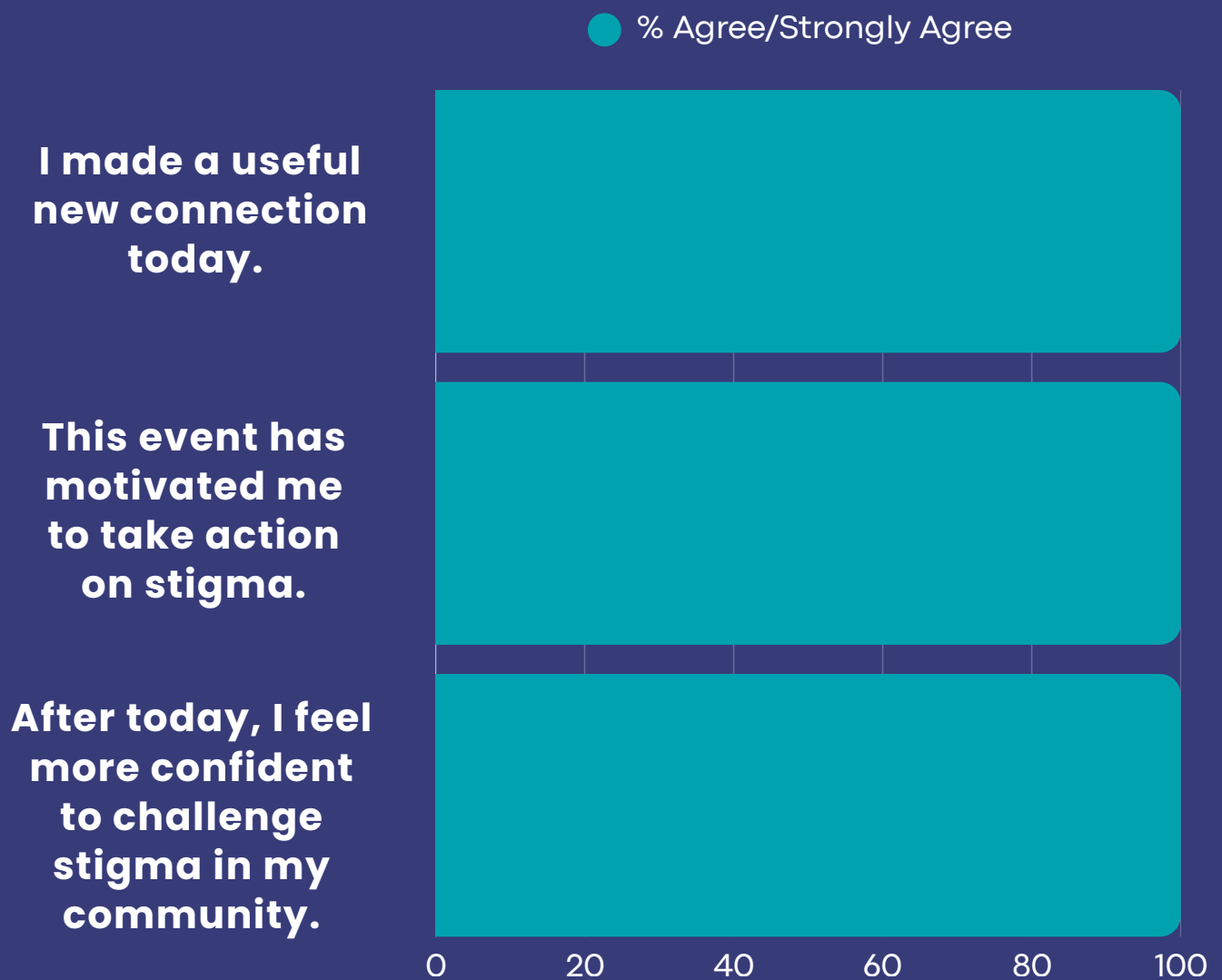


Figure 16. *Percentage of members agreeing with post-event reflection statements.*



Qualitative Insights & Themes

Open-text responses were thematically coded using an inductive approach, grouping similar ideas under overarching categories such as community action, workplace action, and learning and awareness. Table 2 summarises eight key themes and illustrative members' quotes.

Table 2. Thematic summary of open-text responses and illustrative quotes.

Theme	Frequency	Example Quote
Community action	6	"Speak about stigma more and speak up for people facing it."
Workplace action	4	"Arrange group sessions for Stigma Free training for new members of staff."
Learning / Awareness	2	"You have given me ideas for my workplace."
Felt valued	3	"The SFL team always make people feel valued."
Building connections	4	"We connected with a local mental health organisation and carers' organisation and plan to deliver training to them."
Collaboration	3	"We will communicate together and collaborate."
Positive feedback	6	"Great network — everyone very knowledgeable! Thank you."

Action and Impact

Members identified clear next steps following the event, most commonly centred on community (6 responses) and workplace action (4 responses). Planned activities included arranging Stigma Free training for staff, starting internal wellbeing networks, and promoting anti-stigma conversations within teams and local communities. Several members also described plans to collaborate across organisations—for example, partnering with carers' and mental-health services to co-deliver anti-stigma training.

Learning and Awareness

Members reflected that the session deepened their understanding of stigma and inspired them to take learning back to their own contexts. Comments such as *"You've given me ideas for my workplace"* and *"More awareness on stigma"* reflected a commitment to knowledge-sharing and continued reflection beyond the session.

Voice and Inclusion

Respondents consistently described feeling heard, included, and valued, noting that the environment was friendly, supportive, and encouraged open dialogue. One member shared: *"The SFL team always make people feel valued."*

Connection and Collaboration

Building connections was a key theme, with members describing new relationships formed during the session and a shared desire to collaborate beyond it. Quotes such as *"We connected with a local mental health organisation and plan to deliver training together"* and *"We will communicate together and collaborate"* highlight the Network's role in creating opportunities for joint action across services and communities.

Reflections on Activities

Members shared constructive feedback on the Mentimeter activity. One found it *"quite good"* and *"direct to the point"* but *"hard to understand the different variety of stigma classification"* while another commented they *"loved the Menti"* and suggested including scenarios in future sessions. This feedback highlights both the activity's value and the opportunity to make examples clearer and more accessible.

Overall Reflections

The qualitative findings reinforce the quantitative results, showing that PSFN is cultivating meaningful change across individual, organisational, and community levels. Members are moving from awareness to applied practice—initiating conversations, facilitating workshops, and building partnerships across Lanarkshire. The strength of connection and collaboration emerging across sessions suggests PSFN is evolving into a sustainable community of practice, where shared learning informs real-world action and helps embed anti-stigma principles into everyday systems.



Areas for Improvement & Future Directions

While feedback from the September session was overwhelmingly positive, several areas for refinement were identified through members' reflections and facilitator observations.

Clarity of examples and concepts:

One member noted that distinguishing between the different forms of stigma could be challenging during the Mentimeter activity. Future sessions could provide clearer scenario framing or visual aids to support understanding.

Accessibility and inclusivity of content:

Discussions during the intersectional stigma scenario highlighted the importance of ensuring examples resonate across diverse cultural and faith contexts. Expanding lived-experience stories and consulting with community representatives could strengthen inclusivity.

Follow-up and continuity:

Many members expressed enthusiasm to collaborate beyond the meeting. Establishing simple follow-up mechanisms—such as a shared contact directory, drop-in sessions or encouraging members to share reflections through the My Action Plan booklet—could help sustain momentum and support continued peer learning between sessions.

Ongoing evaluation and feedback:

Maintaining pre/post-event surveys and continuing to adapt based on member feedback will support continuous improvement and provide an evolving evidence base for future reporting.

Overall, these insights will inform planning for the next PSFN meeting, ensuring that activities remain accessible, reflective, and action-oriented while deepening the Network's collective impact.

Questions? Contact us.

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