

Stigma: A Guidebook for Action

Tackling the discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them

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This guidebook was commissioned by Health Scotland, a World Health Organization Collaborating Centre that is taking forward work on stigma and discrimination as part of the WHO European Region's Mental Health in Europe Implementation Plan 2005–2010. It was written by researchers from the Scottish Development Centre for Mental Health (SDC) (Dr Felicity Callard, SDC Associate Consultant; Liz Main, SDC Associate Consultant; Fiona Myers, SDC Senior Policy Researcher; Ann-Mari Pynnonen, SDC Research Worker) in collaboration with the Institute of Psychiatry at King's College London (Professor Graham Thornicroft; Professor Rachel Jenkins), Rethink (Dr Vanessa Pinfold), and Professor Norman Sartorius.



People like me who have a mental health problem can live full lives. What holds us back is discrimination, it's other people's attitudes.

It's time for action.

Contents

1 **Why we need action**
explains what discrimination, stigma and social exclusion are and the impacts they have on the lives of people with mental health problems and those close to them.

- 01 Introduction
- 02 What do we mean by discrimination, stigma and social exclusion?
- 04 The cycle of discrimination, stigma and social exclusion
- 05 How do discrimination, stigma and social exclusion operate?
- 06 Why tackle discrimination, stigma and social exclusion?

2 **What to consider**
describes the different things to consider when developing an action or activity to tackle discrimination, stigma and social exclusion related to mental health problems.

- 09 Introduction
- 10 What do we know about how to reduce the discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them?
- 11 Tactics
 - 11 Influencing public opinion
 - 14 Convincing and advocating
 - 16 Developing projects
 - 18 Using the law
- 21 Actions can be taken at different levels
- 23 Actions can be targeted at different groups
- 24 Actions can focus on particular conditions or all people experiencing mental health problems
- 25 Actions can use different ways of thinking about mental health problems

3 Tools for action
provides simple tools for campaigning
for change.

4 More information
gives some resources for further
information.

- 29 Introduction
- 30 Planning a campaign or activity
 - 30 Where to start
 - 32 Finding out and learning what works
 - 34 Involving people
 - 35 Asking people to tell their own story
 - 36 Finding supporters
 - 37 Raising funds
- 38 How to campaign
 - 38 Setting goals
 - 38 Who to target
 - 38 Planning the campaign
- 40 Public relations campaigns
 - 40 Define your messages
 - 41 What's in a name?
 - 41 What language will you use?
 - 41 The internet
 - 42 Working with the media
 - 42 Who will talk to the media?
 - 48 Other ways of communicating
 - 48 Public speaking
 - 48 Advertising campaigns
 - 49 Creating an event and using the arts
- 50 Informing and targeting particular groups
 - 50 Working with employers
 - 51 Working with schools
 - 52 Working with the police
 - 53 Educating medical students
 - 53 Other ways to take action
- 54 Bringing it all together: Scotland's
'see me' campaign
- 55 A call to action

- 57 Organisations
- 61 Useful reference books

Discrimination, stigma and social exclusion make it impossible for people experiencing mental health problems to participate fully in society.

At the WHO European Ministerial Conference on Mental Health in Helsinki in January 2005, health ministers from every WHO European Region country signed up to the Mental Health Action Plan and Mental Health Declaration for Europe. They agreed that mental health and mental wellbeing are ‘fundamental to the quality of life and productivity of individuals, families, communities and nations’.

A significant factor undermining individuals’ and communities’ mental health is discrimination. For this reason, tackling the sources of discrimination, stigma and social exclusion is an important part of all initiatives aimed at improving population mental health. For people with mental health problems and those close to them it is fundamental to their active participation as equal citizens and is named in the Declaration and Action Plan as priorities for the next decade.

This guidebook is designed to explain how discrimination, stigma and social exclusion affect people with mental health problems^❶ – what they are, why they matter, where they originate – and to help you to develop strategies and actions to fight them. It gives examples of different activities taking place across the WHO European region, and provides simple tools and ideas for action.

It is addressed to all those who can reduce the discrimination and social exclusion experienced by people with mental health problems and by those close to them – in other words, all of us.

^❶ The term ‘mental health problem’ is used throughout the guidebook to include the experiences covered by the terms ‘mental illness’, ‘mental disorders’ and ‘mental ill-health’.

I was 25, I had a flat and a great boyfriend. I loved where I was working. I had just got promoted when unusual thoughts and feelings started to happen.

I was diagnosed with schizophrenia. Well, the bottom fell out of my world. 'Mental illness' – a death sentence, because it's just not accepted in society. How could I cope? The only way was to be secretive. I was sad for a long time living with 'that' diagnosis. I lost my boyfriend.

My mental condition is no longer the problem for me. It's others' perceptions of me that's the difficulty. Without knowing it, or even meaning to, it is the general public's perception of my condition which is what really causes me pain.



1

**Why we
need action**



Why we need action to tackle the discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them.

Mental health problems can tear apart the lives of people who experience them and the people they are close to. Yet it is often not the symptoms, but the way society deals with them that has this impact. Aspects of life related to mental health continue to be seen as something that cannot be talked about. Stigma surrounding mental health problems leads to discrimination, and this can in turn lead to people being pushed out of society and being denied the opportunities that most people take for granted.

We need to take action against discrimination, stigma and social exclusion to enable people with mental health problems to take part and contribute as equal citizens in society.

What do we mean by discrimination, stigma and social exclusion?

As terms, discrimination, stigma and social exclusion can mean different things in different contexts. We use these three terms to mean the following:

Discrimination means unfair treatment. More specifically, it involves making any distinction, exclusion, restriction or preference that:

‘has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms’

(UN Human Rights Committee, General comment 18(37)).

Discrimination covers unintentional as well as intentional discrimination. Some laws can intentionally discriminate by, for example, removing the rights of people with mental health problems to vote or drive. An example of unintentional discrimination would be when insurance companies charge all people with a particular mental health problem higher premiums because they make the mistake of assuming that they are all a higher risk.

Policies, laws, public and private organisations and individuals can all, in different ways, discriminate against people with mental health problems. Indeed, it has been argued that discrimination against people with mental health problems is so far reaching that it affects all areas of organisations and institutions.

Stigma involves people making unfair moral judgements about other people. Some of these might include:

... blaming people for their mental problems ... shaming people for their mental problems ... not wanting to get close to them ... fearing them ... calling them names ... talking behind their back ... laughing about them ... people thinking they have nothing in common with people with mental problems ... considering mental problems embarrassing or disgraceful ... thinking people with mental problems are childlike ... thinking they are unpredictable ... thinking they are violent ... thinking they are unintelligent ... and in many other ways.

“ My mental condition is no longer the problem for me. It is others’ perceptions of me that’s the difficulty. Without knowing it, or even meaning to, it is the general public’s perception of my condition which is what really causes me pain and embarrassment². ”

²All first person quotations in this resource are from people with experience of mental health problems and draw on research projects undertaken by Rethink, the Scottish Recovery Network, ‘see me’ and Professor Graham Thornicroft.

Stigma allows people to distance themselves from people whom they look down on. This results in isolation and rejection for those people who are stigmatised, and reinforces the power that the person who stigmatises has over that person.

Even if they have not directly experienced discrimination, people with mental health problems often absorb negative attitudes about their status and worth. This has been called self-stigma. Self-stigma can result in a loss of self-belief and self-confidence and feelings of worthlessness. This makes it far more difficult for people to challenge discriminatory attitudes and behaviour within society at large, and can also make the symptoms of the mental health problem worse.

Social exclusion means that a person is not able to take part as they would like in society and does not have the same opportunities that other people have. For a person with a mental health problem, social exclusion can result from a variety of factors. These may include:

lack of status, unemployment, limited social networks, lack of opportunity to establish a family, poor housing, or limited access to education. Some people may also face other forms of discrimination too, based, for example,

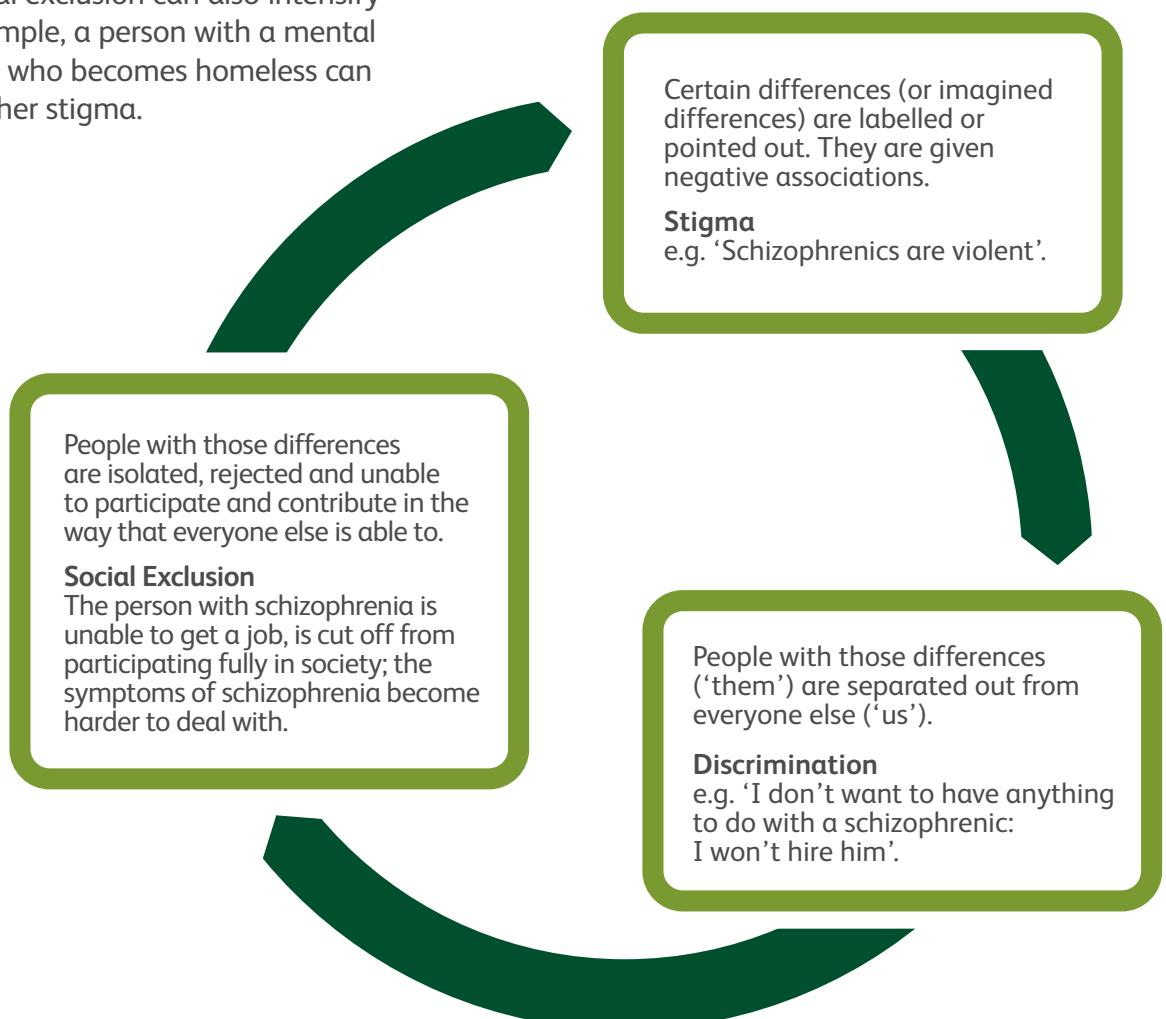
on their race or ethnicity, or on a physical disability. Facing repeated rejection limits their hopes and expectations of living a satisfying life.

To overcome social exclusion what people require is equal access to social and economic opportunities, respect from others, and support to recover a sense of hope.

“ I was just twenty years old when my consultant psychiatrist told me I would never work again. It is soul destroying to be told by a professional, someone I looked up to and who was there to help, that you won't work or achieve anything in life. ”

The cycle of discrimination, stigma and social exclusion

Discrimination, stigma and social exclusion are linked, and cannot be easily separated. People holding stigmatising attitudes will frequently discriminate against people with mental health problems, and this discrimination can then result in them being pushed to the edges of society. Social exclusion can also intensify stigma: for example, a person with a mental health problem who becomes homeless can experience further stigma.



How do discrimination, stigma and social exclusion operate?

There are various ways of understanding how discrimination, stigma and social exclusion operate. Most of these distinguish between people's attitudes and their behaviour towards people with mental health problems.

One way of considering this has been to think of discrimination and stigma as being caused by three main factors:

- **Ignorance: the problem of knowledge.** Most people do not know very much about mental health problems, and much of what they do know – or think they know – is inaccurate.
- **Prejudice: the problem of negative attitudes.** People fear and avoid other people with mental health problems; people with mental health problems anticipate fear and avoidance from other people.
- **Behaviour: the problem of discrimination.** People act towards people with mental health problems in ways that are unjust and unfair.

Different kinds of actions are required to challenge each of these problems, and it cannot be assumed that tackling one of these sources of disadvantage will necessarily overcome the others. It cannot be taken for granted, for example, that informing or educating people about mental health problems will necessarily change their attitudes or behaviours.

There are different ways individuals and organisations can act to combat discrimination, social exclusion and stigma. While some will want to argue for improved laws to ensure that where unjust behaviour occurs it is challenged, others will want to provide opportunities for more contact between people with mental health problems and other people in order to reduce fear and prejudice.

There is no place within society where it is not possible to contribute to the fight against discrimination and stigma.

Why tackle discrimination, stigma and social exclusion?

... because tackling them can and will make a difference

It has commonly been thought that there is no way of overcoming discrimination against those with mental health problems. But action can be taken to reduce the discrimination and social exclusion they experience.

... because discrimination, stigma and social exclusion are unacceptable

Fighting discrimination and stigma is a moral imperative.

... because tackling them brings numerous benefits to individuals with mental health problems, those close to them and wider society

Discrimination and stigma put obstacles in the way of people's recovery, can make the symptoms of mental health problems worse, and can prevent people from seeking help when they are in distress. Reducing discrimination and stigma therefore has the potential to significantly improve the quality of life of those with mental health problems.


“Once I stopped viewing my illness as a problem, I stopped being scared about what other people would think ... Now I can be more open and I'm able to challenge those who are ready to write off others just because they have mental health problems.”

... because every member of society will benefit

Societies in which there is less discrimination, and more acceptance of groups of people who are different, tend to be healthier as well as more just societies. Legal and policy changes that help people with mental health problems are likely to help everyone.

Discrimination and social exclusion have enormous social and economic costs for individuals, their families, and society. The cost to society includes the loss of the skills and talents of people who experience mental health problems – skills that go to waste or are unused because of the discrimination excluding people from participating and contributing.

Everyone – whether users of mental health services, those close to them, health professionals or advocacy organisations – can act as a force for change.

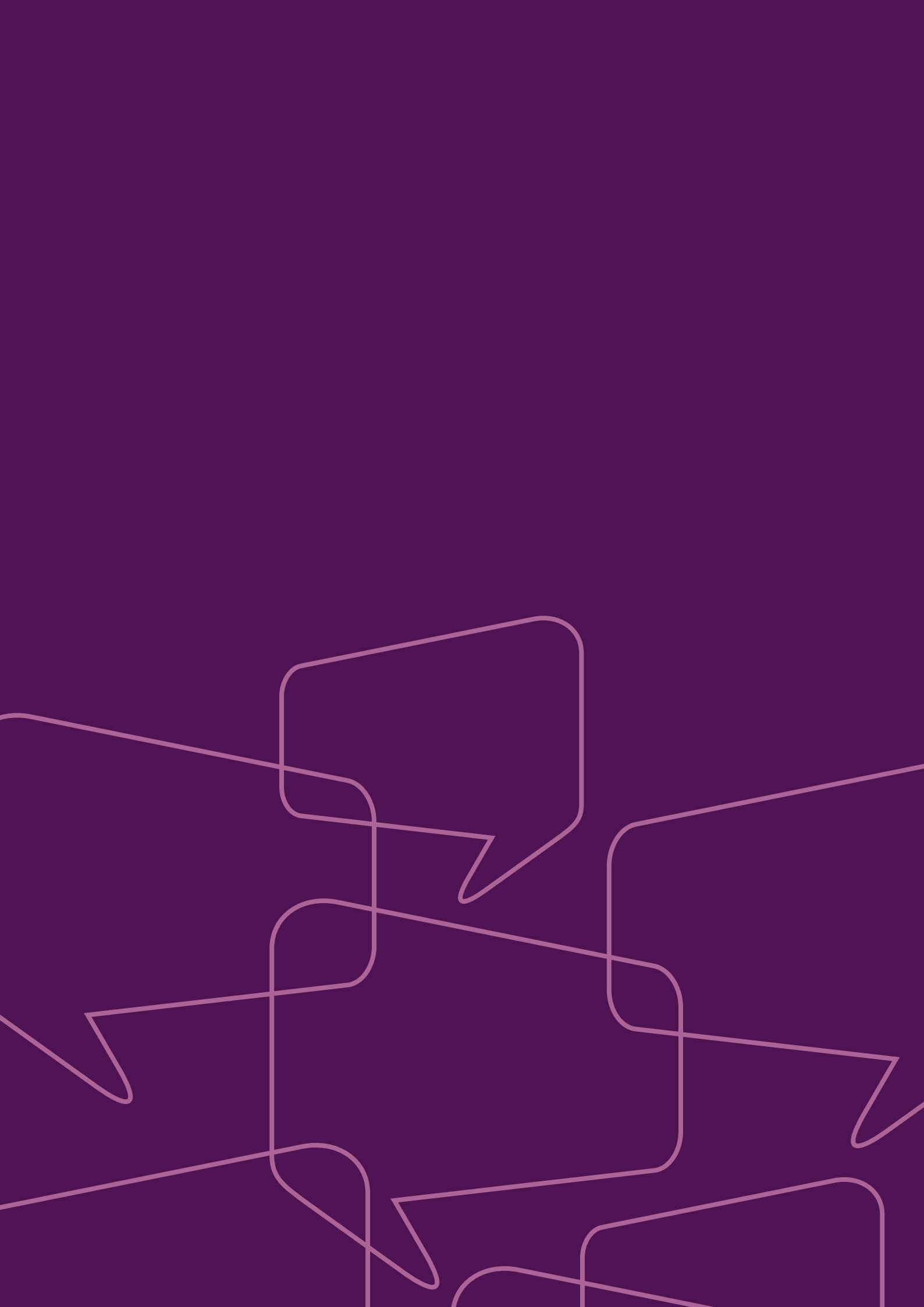


It matters less what people think of me, more how they treat me.

JOINING FORCES WITH OTHER GROUPS CAN BE A POWERFUL WAY OF MAKING CHANGE HAPPEN. THINK ABOUT WHO CAN HELP YOUR CAUSE.

- Politicians and policy makers
- Administrators
- Academics and universities
- Media professionals
- Artists and performers
- Businesses
- Lawyers
- Organisations and advocates concerned with human rights and with other forms of discrimination and inequality
- International agencies and charitable foundations/donors
- Social work and health agencies and professionals.

“When it comes to discrimination related to mental health we are way behind other areas. Discrimination on race, on gender on disability isn't acceptable. We all need to get together to fight mental health discrimination. **”**



What to consider

What to consider when developing actions to tackle discrimination and stigma related to mental health problems

When we think about tackling discrimination, stigma and social exclusion, we are looking at how we bring about changes that will make sure people with mental health problems are equal members of society, treated with the same respect and with the same opportunities as everyone else.

There are many ways of tackling discrimination, stigma and social exclusion. Before planning a programme, it is important to think about the context in which you will work. This section of the guidebook explains this, and gives some background on different ways of understanding discrimination and stigma.

How you go about tackling discrimination and stigma will depend on the legal and political structure of your society, and how your society views mental health problems.

Before new actions are taken, it is crucial to ask two questions:

- What are the central issues relating to discrimination and stigma on mental health grounds facing your particular country, region or local community? Building networks of people with mental health problems and those close to them to act as a base for further actions might be a priority in one place. In another country proposing a new anti-discrimination law might be more appropriate.
- What are the potential opportunities that might provide a way forward in fighting discrimination and stigma? Religious leaders, for example, may play a key role in shaping understandings of mental health problems. Employment programmes to help people back into the workplace might be a strong mechanism for fighting social exclusion.

What do we know about how to reduce discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them?


While we know that discrimination and stigma exist and have theories as to why, we need more research on the most effective actions to tackle them. The most recent research suggests that approaches that combine a number of tactics and work across more than one level will be most effective in producing long-term change.

The gaps in our knowledge underline how important it is to build both research and evaluation into programmes to tackle stigma and discrimination. We need to:

- find out about and learn as much as possible from other similar activities before starting
- understand what worked and what did not work, so that learning can be shared with others.

In some cases, there may be no evidence available to say whether a particular activity or action works. That should not stop you from taking action: it is often possible to make a strong theoretical or moral case for why an action or activity is necessary (for example, if new mental health legislation is required to replace outdated legislation that does not adequately protect people's human rights).

What we do know is that face-to-face contact with someone who can talk about their own experiences of a mental health problem is a key ingredient in breaking down stigma. For this reason it is vital to include people with experience of mental health problems, and those close to them, in the planning and delivery of actions and activities to tackle stigma and discrimination.




Face-to-face contact with someone who can talk about their own experiences of a mental health problem is a key ingredient in breaking down stigma.

Tactics

Fighting discrimination and stigma is about giving people with mental health problems an equal place in society. A variety of tactics can be used to move towards this goal. They can be used alone or in combination. Many programmes to tackle stigma and discrimination use more than one approach, and this seems to be a successful way of working.

This can include ensuring that activities aimed at dealing with other sources of inequality, discrimination, social exclusion and human rights abuses also consider discrimination and stigma experienced by people with mental health problems. Action to deal with discrimination should also be integrated into work promoting mental health and emotional wellbeing, and into programmes to prevent mental health problems developing.



One in four people will experience a mental health problem at some point in their life.

Influencing public opinion

People are often unaware of the discrimination and stigma that people with mental health problems, and those close to them, experience, or the impact it has on them and their lives. Sometimes people just don't want to think about this.

This is despite the fact that mental health problems have a major effect on society as a whole. One in four people will experience a mental health problem at some point in their life, and this has a big impact not only on individuals and communities, but on the whole economy.

The Sainsbury Centre for Mental Health has calculated that mental health problems cost UK employers more than £25 billion each year. This is equivalent to £1,000 for every employee. The major cost is not from absenteeism or staff turnover, but from lost productivity from people staying at work without getting help or when they are unwell.

www.scmh.org.uk

Social marketing can promote changes in attitudes towards people with mental health problems.

There are various ways of influencing public opinion and raising awareness. These include:

Using the media e.g newspapers and journals, radio, television, advertising and film. More detailed information on working with the media is provided in Tools for Action, but examples might include:

- ‘Social marketing’: using marketing principles and techniques to promote changes in attitudes towards people with mental health problems or to more widely to raise awareness and understanding of mental wellbeing. Social marketing has been used by Scotland’s national anti-stigma campaign ‘see me’.
www.seemescotland.org.uk
- Providing the media with accurate data on recovery rates for mental health problems
- Developing guidelines for media reporting, for example the guidelines developed by the Scottish ‘see me’ anti-stigma campaign and National Union of Journalists.
www.seemescotland.org.uk

- Establishing speakers’ bureaux: training people with experience of mental health problems to talk to the media and other organisations
- Awarding media prizes for positive and innovative representations of mental health problems
- People with experience of mental health problems producing and writing films and articles for the media
- Complaining about stigmatising representations in the media.

BASTA (Bavarian Anti-Stigma-Action) in Germany runs SANE, an e-mail based ‘Stigma Alarm Network’. SANE uses direct mail campaigns to target stigmatising TV series, films, newspaper reports and advertisements.

www.openthedoors.de



If the media present a stigmatised image of mental health, then complain.

Exhibitions, festivals, performances and performance art

The Kwartiermakers festivals in the Netherlands use the arts and culture as vehicles for social integration. Professional artists (within theatre, dance and other media) of a high calibre are paid to engage with service users and members of the public at well-publicised events. One particularly successful event involved a high profile choreographer working with service users to create a dance that they then performed at a public venue.

www.kwartiermakersfestival-amsterdam.nl

In Switzerland, the 's'gälbe Wägeli' (Yellow Carriages) project works with the fact that yellow carriages were previously used to transport people with mental illness to an asylum or mental hospital. The project involves a modern yellow van stopping to engage with people in various Swiss towns. Passengers are asked about the associations they have to the yellow van and to explore issues relating to mental health problems. A video on mental health problems runs inside the van.

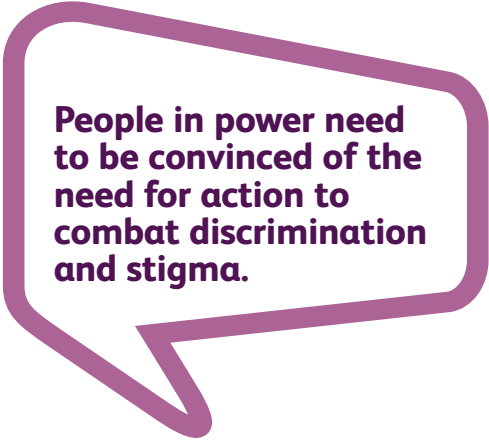
www.gaelbewageli.ch

Training and capacity building for mental health awareness

Mental Health First Aid is a training course, first developed in Australia, with the objective of improving the public's awareness and understanding of mental health. Scotland's Mental Health First Aid course aims to help people:

- preserve life where a person may be a danger to themselves or others
- provide help to prevent a mental health problem developing into a more serious state
- promote recovery of good mental health
- provide comfort to a person experiencing a mental health problem.

www.healthscotland.org.uk/smhfa/index.cfm



People in power need to be convinced of the need for action to combat discrimination and stigma.

Convincing and advocating

People in power need to be convinced of the need for action to combat discrimination and stigma. This is particularly important in fighting social exclusion given that a range of agencies, organisations and services – employment, housing, education, social welfare – have a crucial role to play. Which sectors, and which individuals, need to be convinced will vary according to political, economic and cultural contexts.

Advocacy

In 1990, the Ukrainian Psychiatric Association (UPA), an NGO (non-governmental organisation), founded its Experts Commission to offer social and legal assistance to service users and their families. The Commission provides legal assistance, independently monitors psychiatric facilities, and regularly informs the mass media, legal and law-enforcement authorities of the rights of people with mental health problems in Ukraine.

www.upa-psychiatry.org.ua

Bridging the Gap: Civil Society Promoting Access to Justice for People with Mental Disabilities in Croatia

The work of this project includes monitoring human rights in psychiatric hospitals and social care institutions. It trains law students on providing legal assistance and trains judges on mental disability law.

‘Bridging the Gap’ also raises awareness of people’s rights through leaflets and posters.

The European Commission Community Assistance for Reconstruction, Development and Stabilisation Programme provided funding of €214,000 for the two year project.

Local partners include the Croatian Law Centre, Association for the Promotion of Inclusion, Law Faculty of Zagreb University, and Svitankje (Sunrise). The Croatian Center for Human Rights was a cooperating partner.

www.mdac.info/en/croatia



Communicating with and persuading policy makers and administrators

In order to combat social exclusion and discrimination, it is important to consider how mental health can be put at the heart of public policy. This means not only ensuring that mental health services are committed to social inclusion, but to working on how a whole range of services – education, housing, community services, leisure – can prioritise social inclusion.

Turkey has established the Initiative for Human Rights in Mental Health to advocate for the rights of people with mental disabilities, to run campaigns, to implement projects for acceptance of people with mental disabilities as equal citizens, and to work towards social inclusion.

Running a policy workshop

Developing a local policy forum

PATHWAYS TO POLICY: A TOOLKIT FOR GRASSROOTS MOVEMENT IN MENTAL HEALTH POLICY.

The Hamlet Trust has produced a toolkit providing a tried-and-tested framework for establishing policy that allows people with mental health problems to have a real voice in policy making. It includes training materials that can be applied in a wide variety of contexts.

Bureau J, and Shears J, (2007) *Pathways to Policy: A toolkit for grassroots involvement in mental health policy.*

Hamlet Trust Toolkits. Hamlet Trust: London.
www.hamlet-trust.org.uk

Working to raise pensions/social care allowances

Increasing government funding for mental health

Improving the provision and quality of services and mental health improvement

Active lobbying by the Georgian Association for Mental Health (GAMH) resulted in the launch of psycho-social rehabilitation programmes in three psycho-neurological dispensaries and one psychiatric hospital.



Supported employment appears to be effective in supporting people to achieve and maintain employment.

Developing projects

Many kinds of projects can be developed and processes put in place to reduce discrimination, stigma and social exclusion related to mental health problems, in all areas of people's lives. For example:

Employment and workplace

Workplace projects focus both on the reintegration of workers who have experienced stress-related illnesses, and return to work for people with severe mental health problems. Research indicates that for people who have experienced severe mental health problems, **supported employment** – i.e. real work in integrated work settings, rather than 'sheltered workshops' – appears to be more effective in terms of supporting people to achieve and maintain employment.

'Cogito Bicycle Rental' in Cracow, Poland is a social firm set up by the Association for the Development of Psychiatry and Community Care. The firm is located in the city centre and rents bicycles to residents of the city as well as to tourists visiting Cracow. In winter the employees work at a firm renting and servicing skis and other winter sports equipment.

www.rowery-cogito.pl

'Little Swallow' restaurant in Radom, Poland employs 24 people with mental health problems. The firm was set up as a limited liability company by the Mental Health Care Association MUTUAL HELP, an organisation of families of people with mental health problems. 'Little Swallow' received investment from the European Union's Equal funds.

Broader employment-related programmes and initiatives can be used to strengthen the case for anti-discrimination activities related to mental health problems. For countries within the EU, for example, see:

Progress: the EU programme for employment and social solidarity 2007–2013

www.ec.europa.eu/employment_social/progress/index_en.htm

Involving consumers of mental health services in organising the services themselves offers valuable new perspectives.

Housing, deinstitutionalisation and homelessness

In Kyrgyzstan, the Open Society Mental Health Initiative and Habitat for Humanity are working in partnership to offer good quality housing and support services to people with mental illness and their families, in order to provide an alternative to institutionalisation.

The Estuar Foundation in Bucharest, Romania, provides supported accommodation that comprises ordinary flats in different parts of the city. Each flat can accommodate three tenants in a normal domestic environment. Support workers offer assistance with everything from social activities and domestic tasks to searching for a job.

www.estuar.org

Involving consumers of mental health services

Involving consumers of mental health services can both combat social exclusion and provide new perspectives on how services can be organised to improve the quality of life of people with mental health problems.

Social inclusion: Klimaka, an NGO in Athens whose work has been listed in Greece’s ‘Best Practices of the Community Support Framework’, creates opportunities

for socially excluded groups (including people with mental health problems, homeless people and people who have experienced domestic violence) to participate in society rather than simply to receive help and services. 30% of Klimaka’s staff comprise people from the socially excluded groups with which they work.

www.klimaka.org.gr and www.klimaka-cosmos.net

There are increasing opportunities for users of mental health services to be involved in developing consumer-run services and in carrying out research in relation to mental health care.

User involvement in mental health research: SURE, the Service User Research Enterprise at the Institute of Psychiatry, King’s College London, is a partnership between researchers who are or who have been mental health service users and clinical academic staff that aims to involve service users in all aspects of research. It also provides training for service users to allow them to develop skills to undertake research.

www.iop.kcl.ac.uk

Using the law can be a very powerful means of upholding human rights and of combating discrimination and social exclusion.

Using the law

Using the law can be a very powerful means of upholding human rights and of combating discrimination and social exclusion. Legislation can include human rights laws and treaties; laws to prevent discrimination on grounds of mental health problems or disability; as well as mental health legislation.

International and country-specific human rights legislation

These are laws intended to protect the rights of all citizens, including people with experience of mental health problems such as:

- **United Nations treaties**

These impose legally binding obligations on those states that ratify them and include:

- Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic and Social Rights (ICESCR)
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

- **Key Council of Europe treaties and guidelines**

These include:

- European Convention on Human Rights
- European Social Charter (which protects a range of social and economic rights including the right to work)

- European Convention on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
- REC(2004)10 Guidelines ‘concerning the protection of the human rights and dignity of persons with mental disorder’.

Country specific discrimination laws intended to tackle discrimination on the basis of disability can also include discrimination on the basis of mental health problems across a range of different areas of social and economic life. Making organisations responsible for combating discrimination can be more powerful than regulations that demand an individual taking action when discrimination has taken place.

The United Kingdom has a Disability Equality Duty, which is designed to ensure that all public bodies (including government, schools and the health sector) put in place actions to promote equality for disabled people in every area of their work.

www.dotheduty.org

Making organisations responsible for combating discrimination can be more powerful than regulations that demand an individual taking action when discrimination has taken place.

International laws, declarations, conventions, principles and instruments can all be used to fight abuse and discrimination.

Laws can also focus on tackling discrimination, including discrimination on the the grounds of mental health problems, in *particular* areas of life, such as access to employment, for example the Irish Employment Equality Act 1998.

The Irish Employment Equality Act 1998 and Equality Act 2004 prohibit discrimination on the grounds of disability (which includes mental health problems). They cover most employment issues including access to employment, working conditions and promotion.

www.equality.ie

Legislation specifically focusing on protecting and promoting the human rights of people with mental health problems in relation to treatment and care can also be used for making it illegal to discriminate against someone on the basis that they currently have or have had a mental health problem.

Republic of Lithuania: Law on Mental Health Care, June 1995 (no I-924) (amended July 2005 No. X-309). Article 3 specifically prohibits discrimination against the mentally ill.


www3.lrs.lt

Mental health laws can also be used, as in Scotland, to promote the social inclusion of people with mental health problems.

Scotland: Mental Health (Care and Treatment) (Scotland) Act, 2003. This Act includes provisions to promote the social inclusion of people with mental illness. Guidance to help public authorities to meet their responsibilities under the legislation underlines the importance of taking an inclusive approach, that is, making use of the same services that are available to the rest of the population.

With Inclusion in Mind: the local authority's role in promoting wellbeing and social development: Mental Health (Care and Treatment) (Scotland) Act 2003 Sections 25–31

www.scotland.gov.uk/Publications/2007/10/18092957/0



People can use the law only if they know their rights, so action to increase awareness is a key way of tackling discrimination.

International laws, declarations, conventions, principles and instruments can all be used to fight the abuse and discrimination experienced by people receiving psychiatric treatment and care – particularly those undergoing compulsory treatment or those who are institutionalised.

WHO RESOURCE BOOK ON MENTAL HEALTH, HUMAN RIGHTS AND LEGISLATION

The Resource Book provides resources to assist countries in drafting, adopting and implementing mental health legislation that places the policies and plans in the context of internationally accepted human rights standards and good practices. Geneva, World Health Organization, 2005.

MENTAL DISABILITY ADVOCACY CENTRE (MDAC)

MDAC advances the human rights of children and adults with actual or perceived intellectual or psycho-social (mental health) disabilities. Focusing on Europe and Central Asia, it uses a combination of law and advocacy to promote equality and social integration.

www.mdac.info

People with mental health problems can use the law only if they know their rights, so action to increase awareness is a key way of tackling discrimination.

In the Czech Republic, a manual has been produced that familiarises people with mental health problems with their rights (for example when they are in hospital, as well as later care). It is produced for people with mental health problems, rather than for social workers or other professionals, to promote independent decision-making and to uphold human rights.

www.mentalhealth-socialinclusion.org/good-practices.html

Actions can be taken at different levels

Actions and activities can take place at different levels

- Some actions can take place at more than one level as part of a multi-faceted, multi-level programme against discrimination and stigma.
- Some actions can be targeted at one particular level.

Some actions demand alliances and partnerships that extend beyond national boundaries to work at an **international level**. For example, partnerships across the world between organisations focusing on physical disabilities and organisations focusing on mental health problems were central in bringing about the recently signed UN Convention on the Rights of Persons with Disabilities.

At a **national, regional, and/or devolved level** action can be targeted towards:

- implementing anti-discrimination laws and action plans – and ensuring they are applied to mental health problems as well as physical disabilities

- drawing up and implementing a national mental health plan
- drawing up and implementing a national anti-stigma action plan
- providing economic incentives rather than disincentives for people ready to return to work.

Much of the work to tackle stigma and raise awareness will happen at a **local level**. This can include:

- working with communities (e.g. festivals)
- working with particular groups to reduce discriminatory and stigmatising practice
- encouraging and supporting consumer and family led organisations.

At an **individual and family level**, work can be done to help people understand and manage their condition, and to tackle self-stigma through support groups and family groups.

Some actions demand alliances and partnerships that extend beyond national boundaries to work at an international level.



**www.openthedoors.com
is a useful example of
international action.**

INTERNATIONAL LEVEL ACTION: 'OPEN THE DOORS'

The 'Open the Doors' anti-stigma programme was set up in 1996 by the World Psychiatric Association (WPA) as an international programme to fight the stigma and discrimination associated with schizophrenia.

The three aims of the programme are to:

- Increase the awareness and knowledge of the nature of schizophrenia and treatment options
- Improve public attitudes about those who have or have had schizophrenia
- Generate action to eliminate discrimination and prejudice.

The programme works with local action groups who identify areas for action, and then design, implement, monitor and evaluate their own programmes of activity. The WPA provides guidelines for each stage.

European countries that have taken part in the programme include:

Austria, Czech Republic, England, Germany, Greece, Italy, Poland, Slovakia, Spain, Switzerland and Turkey.

www.openthedoors.com

Actions can be targeted at different groups

One approach is to focus on the whole population (for example, Scotland's 'see me' campaign); another is to target particular sectors of the population. Of course, these approaches can be used in combination. Particular sectors that have been targeted include:

- Medical staff (including emergency room physicians, medical students, general physicians, psychiatrists, nurses)
- Community leaders
- Employers
- Landlords
- Police and corrections officers
- Teachers
- Politicians and legislators
- Families of people with mental health problems
- Social service workers
- Church leaders
- School children and students
- Media/journalists.

In Poland the Local Action Group from the Open the Doors campaign has worked with psychiatrists and clergy in an educational programme for clergy. Clerics and monks within the Roman Catholic Church have sponsored fundraising activities to assist in housing for people with schizophrenia.



Approaches differ: you could focus on the whole population or target particular sectors.

Actions can focus on particular conditions or all people experiencing mental health problems

Actions and activities sometimes tackle discrimination and stigma relating to ‘disability’ in general (which includes mental health problems along with physical disabilities). Other actions can focus on the discrimination and stigma related to *all* mental health problems, or can focus specifically on *particular* mental health problems.

Anti-discrimination legislation is most powerful when it uses a very wide definition of disability.


The Irish Employment Equality Act 1998, for example, states:

‘disability’ shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person.’

This definition recognises that people can experience discrimination even without having a diagnosis of mental illness, and that people can continue to experience discrimination even when they no longer have a mental illness.

In other contexts, focusing on particular conditions might be more effective. For example, the World Psychiatric Association Global Programme against Stigma and Discrimination decided to focus specifically on schizophrenia because it was felt that stigma related to schizophrenia is more severe than that related to other mental health problems.

It is also important to recognise that people with mental health problems may also be discriminated against because of some other aspect of their life. People who are refugees, for example, or from certain ethnic backgrounds, or who are gay, lesbian and bisexual people, or people who have been in prison.



Anti-discrimination legislation is most powerful when it uses a very wide definition of disability.

Actions can use different ways of thinking about mental health problems

Any action fighting discrimination, stigma and/or social exclusion will carry with it – explicitly or implicitly – messages about what mental health problems are and what a world without discrimination against people with mental health problems would look like. For example, several anti-stigma campaigns have emphasised how common these conditions are – in the hope that if people acknowledge how many people experience mental health problems, they will be less fearful. This is only one approach. Other influential approaches include:

- The disability rights/social inclusion model
- The use of human rights arguments
- The recovery model
- The bio-medical model/brain disease model (in which a mental health problem is understood to be an illness like physical illnesses).

The **disability rights/social inclusion model** uses a social model of disability. This focuses on the barriers within society that dis-able people. Attention is given here to removing the obstacles to their full participation in society. This approach is recognised in the **UN Convention on the Rights of Persons with Disabilities** which states that:

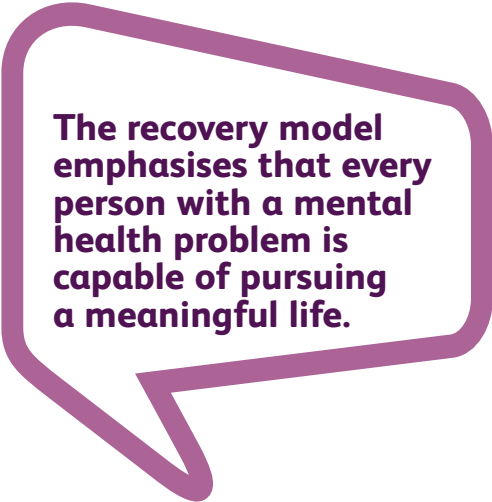
‘disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.’

Human rights arguments centre on a person with a mental health problem having the same human rights as any other person. Programmes that take this approach often target discrimination.

The recovery model emphasises that every person with a mental health problem is capable of pursuing a meaningful life, and that recovery might well include acceptance of ongoing symptoms. While recovery is seen as taking different forms for different people, the recovery model underlines the importance of hope, and each person’s ability to take control over their own life and an active participant in their own health care.

A recent EU project on good practices for combating social exclusion of people with mental health problems found that a recovery model – alongside an approach that acknowledged the combined impact of social, economic, psychological and biological factors on people’s mental health – was most useful in promoting social inclusion.

“We must work at raising our self-esteem by becoming citizens within our own communities, despite our communities if need be. We are valued members of our societies and we must recognise our value.”



The recovery model emphasises that every person with a mental health problem is capable of pursuing a meaningful life.

The **bio-medical** model adopts a view that ‘mental illness is an illness like any other’ or that it is ‘a brain disease’. It relies on science to explain mental health problems as being caused by chemical imbalances or genetic abnormalities. This model can be powerful in arguing for increased research and funding for treatment – for example for conditions such as Alzheimer’s disease.

Scotland has new mental health legislation. It also has the National Programme for Improving Mental Health and Wellbeing which:

- **influences public opinion through the national anti-stigma campaign ‘see me’**
- **influences policy and develops projects through its initiatives designed to improve and promote mental health and wellbeing and prevent mental health problems developing.**

www.wellscotland.info/index.html

Anti-discrimination and anti-stigma programmes can be enhanced when tactics are used together to strengthen one another, and are further combined with or embedded within wider work on social inclusion, equality and human rights.

FIGURE 2: DEVELOPING A STRATEGY TO TACKLE DISCRIMINATION, STIGMA AND SOCIAL EXCLUSION

WHICH TACTIC(S)?

- Influencing public opinion, e.g.
 - Using the media
 - Exhibitions/festivals
 - Training/capacity building
- Convincing/ advocating, e.g.
 - Advocacy
 - Persuading policy makers
- Developing projects, e.g.
 - Workplace
 - Housing
 - De-institutionalisation
 - Homelessness
 - Involving consumers of mental health services
- Using the law, e.g.
 - Human rights legislation
 - National anti-discrimination legislation
 - Mental health laws
 - International laws, declarations and conventions
 - Ensuring people know their legal rights

TACTICS CAN BE COMBINED.

IN RELATION TO WHICH MENTAL HEALTH PROBLEM(S)?

- Disability in general (including mental health problems)
- All mental health problems
- Particular mental health problems, e.g.
 - Schizophrenia
 - Depression
 - Mental health problems in children and young people

AT WHICH LEVEL(S)?

- International
- National/devolved/regional
- Local
- Individual/family

MORE THAN ONE LEVEL CAN BE USED.

WITH WHICH MODEL(S) OR MESSAGE(S)?

- e.g.
- Disability rights/social inclusion model
 - Human rights arguments
 - Recovery model
 - Bio-medical model

MORE THAN ONE MODEL AND/OR MESSAGE CAN BE USED.

TARGETED AT WHICH GROUP(S)?

- The whole population
- Sections of the population, e.g.
 - Medical staff
 - Employers
 - Community leaders
 - Employers
 - Landlords
 - Police/corrections officers
 - Teachers
 - Politicians/legislators
 - Families of people with mental health problems
 - Social service workers
 - Church leaders
 - School children
 - Media/journalists

MORE THAN ONE GROUP CAN BE TARGETED.

Tools for action

Campaigning for change – tools for action

Discrimination and stigma is so widespread throughout every level of society, that tackling it can seem an impossible task. But even small steps can help to give people with mental health problems fair treatment.

Many people reading this guidebook will already be involved in campaigning, some at very sophisticated levels, and will already be taking many of the actions in this toolkit. Some of the recommended ways of taking action won't work in some countries, or might need to be adapted to suit local circumstances.

This toolkit is intended to provide ideas on campaigning to tackle discrimination and stigma and advice on how to do this.

Even campaigns that are very different can borrow from or learn from the experiences of others. Some campaigns might set out to increase general awareness of all mental health problems, others might focus on a very specific goal for a small group of people. Others may campaign widely for major change, bringing together different groups with the same cause.

The important factor is that action must be taken. Small changes add up experienced by people with mental health problems and those close to them and lay the foundation for bigger changes.

Planning a campaign or activity

Where to start

Any project has to have a beginning, but when tackling a problem as big as discrimination and stigma it can seem impossible to know where to start. This is the point at which, despite their best intentions, some people give up.

One way is to begin by asking six key questions.

**I keep six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who.**

Rudyard Kipling

When these questions are answered, a programme to tackle stigma and discrimination can begin to take shape.

What do you want to achieve?

- What are you setting out to change? The way police interact with those experiencing mental health problems in one town, or even one part of town? The way the public understands mental health problems? Or do you want to introduce legislation to protect the rights of people with mental health problems?
- Know what it is you want to achieve, and be very clear about the boundaries of what you are trying to achieve.

Why do you want this outcome?

- It is important to be clear about why you will go to the effort of achieving this change, and that it is going to make a difference to the lives of people you are setting out to help.
- Ask people with experience of mental health problems if what you are doing will help them in some way.
- Make sure there is a purpose to what you are doing. It is sometimes easy to campaign for the sake of campaigning.

When do you want to achieve it?

- Place a realistic timeframe on your project.
- Work backwards from your target date to make sure your planning works and to stay on track. If the timeframe changes, do this again.

How will you go about making it happen?

- Research suggests that programmes that use a variety of tactics in combination work best.
- Ensure you have the resources, both financial and people, as well as the enthusiasm to make this happen.
- How will you involve people with experience of mental health problems? Remember, it is their stories that will have the most impact on people's attitudes and behaviour.
- How will you know if it is effective? Put in place measurable targets so that you can reflect on the impact of your campaign.

When tackling a problem as big as discrimination and stigma it can seem impossible to know where to start.

Who has the power to make it happen?

- Identify the people who have the power to bring about change, and think about how you will persuade them to your way of thinking.
- Who will your partners be? Can you work together with government bodies, non-governmental organisations, groups of people with mental health problems and those close to them?
- Remember that the person with the power to make it happen is you. Change requires someone to make it happen.

Where are you now and where do you want to be?

- If you are to know whether your programme is working, it is essential to know where you are starting from.
- Find out what your baseline is so that you can know what has changed.
- Set targets for where you want to be at the end of the campaign period (these can change if necessary).
- Monitor your progress throughout the campaign to know where you are – it's important to track what is working and what isn't.

Well? What do you think? The National Scottish Survey of Public Attitudes to Mental Health, Mental Well-being and Mental Health Problems

In Scotland a survey of public attitudes to mental health, mental wellbeing and mental health problems was undertaken in 2002 to provide baseline information to inform the work of the National Programme for Improving Mental Health and Wellbeing. Since then the survey has been run in 2004 and 2006 in order to track progress.

www.wellscotland.info/research-papers.html

Try 'what', 'why', 'when', 'how', 'where' and 'who' and go from there...

Evaluating a project is essential, it's how you learn what works and what doesn't, and it measures effectiveness.

Finding out and learning what works

When it comes to tackling stigma and discrimination, there is more known about what happens than about what succeeds, because evaluation is a relatively recent development.

Evaluating a project is essential. It is the way of learning what works, and what doesn't work, and of measuring how effective your project has been. It is also the best way to make sure that you are staying on track during a long-running programme.

To find out whether a project is working, it is necessary to measure where you are before activity begins. This can be done on a number of levels, depending on who the target audience is.

Measuring where you are starting from

- Ask people with mental health problems what they experience now.
- Find out if people with mental health problems and families are aware of their rights.
- Ask the public what their views are through a survey.
- Use marketing such as focus groups to research opinion.
- Ask participants at training seminars to fill in questionnaires ahead of sessions.

In a large project, you could use a professional survey company who can break down the information you need into different demographic

groups such as age, income, education, gender and ethnicity. This can tell you exactly whom you need to target.

For a longer-term project, evaluation at regular intervals will ensure that changes can be made to build on what is working well and possibly alter activities that are not effective.

However big or small the project, it is essential to build time and budget for evaluation throughout your activity as well as at the end or when a phase of activity has been completed.


MENTAL HEALTH IMPROVEMENT EVALUATION GUIDES

Health Scotland has produced a series of evaluation guides

NHS Health Scotland Mental Health Improvement: Evidence and Practice: Evaluation Guides Series, 2005.

www.healthscotland.com

It is rare that a programme is a total success or a total failure. Look at what worked and why, what didn't work and why, and consider what you would do differently. It is important to learn from the things that do not work – things often do not turn out as planned!

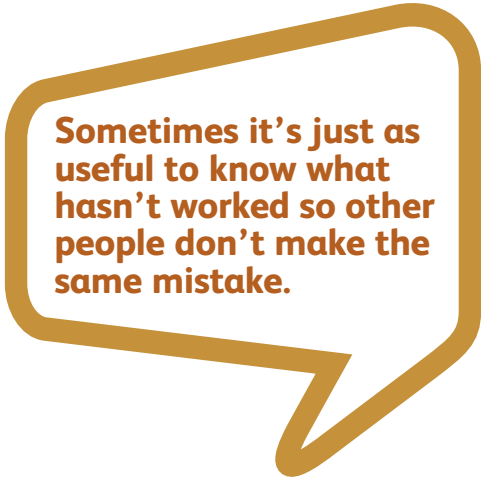


Sharing learning enables other people to build on your work and to learn what is effective.

Build in time and resources for evaluation, and remember you may need to follow up research six months or a year later to see if attitudes and/or behaviour are still improved.

Ask the people it is intended to help whether it has made a difference. You can do this simply by bringing together a group of people with mental health problems, and sometimes those close to them to discuss whether they have experienced change.

A campaign to introduce anti-discrimination legislation might have brought about legislative change, but people might not be *using* the law. The reason for this can become clear by talking to people. For example, they may not know about the new law or they may be afraid to use it. When you know this you can decide whether future work should focus on education, advocacy, or both.



Sometimes it's just as useful to know what hasn't worked so other people don't make the same mistake.

Sharing learning enables other people to build on the work that you have done to tackle discrimination and stigma. It can be as useful to know what has not worked as what has, and there is no shame in sharing information on projects that did not succeed, especially if you know the reason why.


Evaluating a project and making your findings public is an important contribution to the international fight against discrimination and stigma.

Involving people

Programmes to tackle discrimination and stigma are more likely to be successful if they involve people with mental health problems, and those close to them, in a meaningful way.

Genuine involvement will include asking people what their experiences are and what changes would make the most difference to their lives. The problems people encounter in one community might differ from those in other communities.


The people who face the most serious stigma and social exclusion may be the hardest to reach for opinions. But there are ways of including them.



Programmes to tackle discrimination and stigma are more likely to be successful if they involve people with mental health problems in a meaningful way.

Involving people in a meaningful way

- People who have had experience of mental health problems can speak on an equal level to other people to ask what they want.
- Small groups of people with mental health problems can come together to give ideas on projects in an informal setting. People are more likely to feel comfortable in a small group of people in a place where they feel familiar and safe.
- If you don't know where to find people, ask doctors, nurses and people in mental health groups. Advertise on notice boards, mental health magazines and local newspapers.
- Don't forget that people with mental health problems will have a variety of skills that you can use. These people should be paid market rates unless your project is small and relying on volunteers.
- An advisory panel of people and families affected by mental health problems who understand the programme can provide input and feedback.



The biggest positive changes in stigmatising attitudes come when people hear a person with mental health problems talk about their own experience.

Asking people to tell their own story

The biggest positive changes in stigmatising attitudes come when people hear a person with mental health problems talk about their own experience. So recruiting a group of volunteers who are willing and able to share their stories is important. This may take the form of a Speakers' Bureau or media volunteers programme. We use the word 'volunteers', but in reality it is increasingly common practice to pay people for their time if they are giving a presentation or taking part in training. It is not usual to pay for media interviews.

Examples of when people might speak out would be:

- To the media
- Addressing a conference or event
- In training seminars such as with the police or employers
- In meetings with politicians or policy makers
- Talking to other people with mental health problems about overcoming discrimination and stigma.

Make sure that you have the right people to communicate your key messages:

- Men and women across a variety of age groups
- People who can talk about a wide range of issues
- People from different ethnic backgrounds
- People from different faith communities
- People who have experienced stigma, discrimination, and elements of social exclusion such as homelessness.


Speaking out can affect a person in various ways. It is important to take this into account and to discuss this with the a person so that they can make an informed decision about taking part. Things to think about include:

- Have you told your friends and family everything you might tell a journalist? What about colleagues?
- How will family members react? What might they face if you tell your story?
- Are you prepared to use your real name?
- Are you prepared to be photographed?
- What audiences are you comfortable speaking to?

Providing ongoing support to members of a Speakers' Bureau will help people to stay active and involved for longer. This can include help with presentation skills, but also ensuring there is someone for them to speak to at the end of a training session or media interview.

Consider hiring a staff member dedicated to running your volunteer programme. Their role may include recruitment and organisation, as well as providing support to individuals. Build this into any budget proposal from the start.

If your programme is too small for a role like this, set aside time to support volunteers.



It is easier to make something happen if you have other people on your side.

Don't just use people to tell their own stories. It can be very powerful to have training delivered by one person with mental health problems, while another is involved telling their own story. This shows the audience that people with mental health problems are competent.

Finding supporters

It is easier to make something happen if you have other people on your side. Identifying groups who have common interests and asking for their support can give weight to your campaign. If several groups want to achieve the same goal, working in partnership will bring more skills and resources to the project.

You may also know of people who cannot get involved directly, but can provide advice or can tell other people about your campaign.




Working in partnership will bring more skills and resources to the project.

Identify potential supporters:

- Groups of people with mental health problems and/or who have used mental health services
- Health and other government authorities
- Mental health services and staff
- Disability and human rights organisations
- Families of people with mental health problems
- Voluntary sector organisations and NGOs
- Student bodies
- Local businesses.

Working in partnership with other organisations can be very effective, particularly in a programme that is working at more than one level, using a variety of approaches or targeted at a variety of audiences.



Some programmes will require little more than enthusiasm – others will need considerable funding.

Raising funds

Some discrimination and stigma programmes require little more than enthusiasm, but most will require funding – sometimes a considerable amount.

Sources of funds will be different in each country and region. Some sources may be:

- EU projects
- National government or government department funding (for example Scotland's 'see me' campaign)
- Pharmaceutical companies (for example the WPA 'Open the Doors' programme)
- Grants organisations (the 'Moving People' campaign in England)
- Charitable organisations
- Fundraising activities
- Companies – some have 'giving' policies
- Local businesses – these can be an excellent source of funding for small projects.

When seeking funds it helps to:

- Know exactly what you want
- Be able to make a clear case for why this project is needed and why it will work
- Set out a detailed business plan – you may want to break down what different levels of funding can achieve
- Budget for everything you need – don't skimp or you might run out of money
- Take time to find out what things really cost – don't guess printing costs or postage if you will need to distribute a lot of literature or posters
- Budget for contingencies – what will happen if you need to extend the programme.

How to campaign

Campaigns to tackle discrimination and stigma can take many forms, but it can be hard to know how to go about it. Different political and media environments will influence the way that campaigns are conducted, but there are some basic tools that are essential to any campaign.

Setting goals

The aim of a programme may be quite broad, but within that there should be very specific goals set out. Goals should be SMART:

- **Specific and measurable** – you should be able to tell to what extent they were met.
- **Achievable and realistic** – you should be able to meet them. Don't set out to change the world all at once!
- **Time limited** – determine how long your campaign will run, and set deadlines for activities within it.

If necessary you can adjust your goals during the campaign. For example, if you realise that something will take longer than anticipated, you can extend the deadline to a reasonable time frame.

Who to target

- Identify the person or people with power to make change happen.
- Find out who influences them.
- Where do they get their information?
- How can you reach these people?

Target the lowest level first, and then work up so that by the time you have reached the person or people in power, they are open to your message.

Planning the campaign

An effective way to plan a campaign is to work backwards from a key date.

Make a list of all the things you need to do, and the date this needs to happen by. Then plan backwards to ensure that everything is done in time and fits together.

In a big public relations campaign, you will need to do this for each component, as well as doing an overall calendar to make sure all activities fit together.

When setting goals, make them SMART – specific, measurable, achievable, realistic and time-limited.

BACKWARDS PLANNING – A CAMPAIGN FOR A NEW MENTAL HEALTH SERVICE (RETHINK, ENGLAND)

Year 2

Campaign evaluated

February – budgets decided; local Mental Health Authority agrees to new services.

January – final media work, around a ‘New Year’ theme – ‘give people with mental health problem a better year this year through giving us a better service.’

Year 1

November – write to people who attended the meeting asking for support.

November – public meeting takes place.

October 10 – World Mental Health Day activity, to get media interest. Jugglers on stilts show that people with mental health problems are ‘juggled between services’.

October – organise a public meeting of people who use mental health services, Health Authority executives, local Government or town officials and local politicians, to take place in November. Advertise the meeting.

September – Draft a letter for people who use services to send to the local government authority, asking for a new mental health service. Tell people who use services about

the event through local groups, through the local paper or any other means. Prepare a media strategy for World Mental Health Day.

August – organise an activity for World Mental Health day to draw attention to the need for a new service. Be creative.

July – meet local Government officials about the need for this service. Use the information found in April.

May – meet local politicians to discuss the need for a service. Take people with mental illness to talk to them.

May – meet Directors from local health authorities. Use information found through previous research.

April – find people who use local mental health services who are prepared to speak out about the lack of services. Find other people locally who will help with the campaign.

April – research the type of service you want; find out about areas that do have them; find policy documents that recommend these types of service.

February – begin planning campaign.

January – identify goal or objective.

Public Relations Campaigns

Public relations (PR) has been described as ‘the art, technique or profession of promoting goodwill’. A public relations programme sets out to influence public opinion in a positive way, usually through a coordinated set of activities focused on media communication.

PR campaigns may include tools such as advertising. They can be used to reach mass audiences with very general messages, or to support other campaigning such as pressing the government for new laws.

Large campaigns will often be run in close cooperation with a public relations agency. There can be advantages to using an agency:

- They are professionals who specialise in this type of work
- They should know the local media well
- They will be familiar with the tools that can be used and have contacts to make things happen.

There are also disadvantages to be aware of:

- Be wary of losing control of the programme and messages
- A PR company might be more concerned with getting coverage than getting the right kind of coverage
- A PR firm can be expensive (if using one, keep a close watch on costs).

Define your messages

The first step in any PR campaign is to define your messages. That is, decide what you want to tell the public.

Examples of messages might be:

- People with mental health problems make important contributions to our communities
- Stigma and fear of discrimination are barriers that hold people back from living equal lives
- Respect the rights of people with mental health problems and don't discriminate against them when it comes to housing, employment, or education
- Discrimination is legally and morally wrong, and there are laws to prevent it
- You can make a difference by changing your behaviour and attitudes, and by encouraging friends and colleagues to do the same.

You will have to come up with your own messages, which can be used alone or in combination, depending on what audience you are targeting.



What's in a name?

Give your campaign a short name that tells people what it is about, but which is also memorable. It might be a name that tells people what you want them to do.

Long names of organisations might mean something to you, but it is your audience who needs to remember the campaign.

Campaign names that can make people think:

- 'see me... I'm a person not a label' (Scotland) asks for people to see people with mental health problems as equal citizens
- 'Open the Doors' (international) asks people to open the doors to people with schizophrenia
- 'Like Minds, Like Mine' (New Zealand) plays on the phrase that 'we are all of like mind'
- 'Beyond Blue' (Australia) tells people there is life beyond depression
- 'Mind Matters' (Australia) says it matters to put mental health on the school curriculum as well as dealing with the issue of how schools should consider mental wellbeing.

What language will you use?

Mental health is full of terms that can mean little to the general public. Think about the language you are using and what it will communicate, and use this throughout your campaign.

- Will you use terms such as mental health, mental health problems or mental illness (or the equivalent terms in your own language)?
- How do people with mental health problems prefer to refer to themselves, and will the general public understand that term?

The internet

The internet is likely to be the public face of any public relations campaign, and is likely to be the most frequent way that the public interact with your campaign. For many people who hear about your campaign, the web will be the first place they will turn for more information, so it is important to draw them in with a dynamic and interesting website.

Your website should:

- be designed for members of the general public with little or no knowledge about mental health
- tell them about the campaign and the messages behind it

Think about the sort of media that your target audience read, watch or listen to. And don't forget the internet.

- include the stories of people with mental health problems and those close to them
- include resources that can be used to pass the message, on such as versions of images, literature and posters that can be downloaded
- clearly tell people whom to contact if they are seeking urgent help or need medical advice or other support
- include links to mental health services and support groups and other websites with information
- include information specifically for journalists
- it may invite people with mental health problems to tell their own stories
- it may invite people to sign up to support your campaign or add their name to a petition.

Make sure that people know your web address. Ensure that you include it in all marketing materials, information and presentation materials, and that it is clearly marked on all media releases.

Working with the media

Work with the media is the core of any public relations campaign. The media is often blamed for spreading stigmatising attitudes to mental health problems, so it follows that an effective way to tackle stigma is to work towards positive media coverage.


The media can be the best way to reach a wide audience. It can also be an effective way to reach a very small niche audience.

National media have an impact on the way people think, but local media have an even bigger effect. A person is more likely to care about news that is close to home and will affect their own neighbourhood, and it is often easier to get local news outlets to cover a story. Similarly, an employer might be more interested in a story in a business magazine or a magazine written specifically for personnel managers because that will contain information that will affect them directly.

Think about the media that your target audience read, watch or listen to. Don't forget the internet.

Who will talk to the media?

Before you make any contact with the media, think about who is going to talk to them. You need to find spokespeople who are able and confident to speak to the media, and whom the media will want to speak to. These people need to be sure of what they want to say and able to answer (or politely refuse to answer) any difficult questions.



Until the media get to know your organisation, it will usually be down to you to get them interested in your story.

Keep in mind that the media usually want to talk to the person in charge, or someone who has a title that sounds relevant. They will probably want to talk to someone with experience of mental health problems.

Approaching the media

Until the media get to know your organisation, it will usually be down to you to get them interested in your story. This will mean generating stories that are newsworthy, and being prepared to respond quickly if a journalist is interested.

- It is not a journalist's job to be interested in your activities, it is their job to find stories that matter to their readers, viewers or listeners. See your activity from their perspective and try to make it newsworthy.
- Keep the story simple. Identify exactly what you are trying to achieve and choose no more than three of the messages that you should have identified at the start of the campaign.
- Identify which media will reach the most appropriate audience and are most likely to be interested, and find out the way they prefer to receive stories.

- Make it easy to tell the story. Provide:
 - Information – see pages 44-45 for more information on how to write a news release. Provide facts and figures, and links to other information to back up the angle the journalist might take on the story
 - Someone to speak to – quick access to a spokesperson
 - Pictures – something to film or photograph.
- Work to a journalist's deadline. Respond quickly. If they miss their deadline, you have missed your opportunity.

Making contacts

An essential part of a PR campaign is developing good relationships with journalists. Journalists need good contacts. They need to know who can give them accurate information quickly, so a good relationship is in both your interests.

- Make contact with local health reporters.
- Let them know that you have experts on mental health discrimination and stigma who can speak to them, and people with experience of mental health problems prepared to be interviewed.

Remember, a journalist is not your friend and you should be very careful disclosing information that you don't want them to follow up or report.

Occasionally you may become friends with a journalist, but it is important to maintain a professional relationship.

- When working, a journalist is not your friend and you should be very careful disclosing information that you don't want them to follow up or report.
- Equally, you should not pressure them to cover a story that is not newsworthy.

Ways of getting your story out

Getting your story out is important, whether you are aiming for a wide audience or just one media target. Some ways to do this are:

- Send out a news release and follow it up with phone calls and interview opportunities.
- Hold a news conference. If you have a big story this can work well, but make sure it is real news.
- Stage a photo call to attract news photographers and television film crews to provide pictures to accompany a story you are putting out. Be as creative as possible, and have your own photographer take pictures to send to press who don't attend.

- Celebrities and sports stars are often keen to be involved in a 'good cause', and may be particularly interested in yours if mental health problems have affected them or their friends or family.
- Find a news 'hook' – for example, surveys of public attitudes can be news if the findings are shocking or there is a change in public opinion.
- Ring one reporter and offer an angle appropriate to their publication.

HOW TO WRITE A NEWS RELEASE

There are basic rules to writing a news release.

First of all, it should contain news. All of the basic information a journalist needs to write a story should be included. You must answer the six key questions:

What is the story?


Why is this happening, why is it important?

When is it taking place?

How will it happen?

Where is it happening?

Who is involved (including who you are)?



If you are asked for comment, use it as a chance to turn around a potentially negative story and tackle stigma.

Key ingredients of a news release

- Write it on headed paper so that it is clear where it has come from, or write the name of your organisation, address and contact details at the top of the page.
- If you are sending a news release that can be used immediately, write at the top of the page: **'News release: for immediate publication, date'**.
If you want to let journalists know that something is going to happen, but don't want them to report it yet, write: **'News release: strict embargo, time, date'**.
- The first paragraph of your news release is the most important. Unless it grabs a journalist's attention, they are unlikely to read further. Make it exciting – this is where you are selling your story. This paragraph should be no more than two short sentences and should capture the main details of the story.
- Include short quotes that tell the story. The person you quote in the news release should be available for interview.
- The news release should be no more than two pages, including clear contact details. If necessary you can add a page of 'Notes to Editors' or facts on a third page, but don't swamp a journalist with information.

- Always ensure you give the name, telephone number and email address to be contacted, and make sure that the named contact is available. It is frustrating for a journalist to be sent a press release and then be unable to follow it up.

When the media approach you

When you have developed a good relationship with journalists and a higher media profile, they may approach you for comment on stories.

The stigmatising nature of the media means that often it is easier not to comment, but if you are well prepared and confident in your subject matter this can be an opportunity to turn around a potentially negative story and tackle stigma.

A small Northern Ireland community was shocked when a man with a history of depression set fire to his family home, killing his partner and five children as well as himself. The tragedy provoked prominent headlines about the man's mental health problems. *The Irish News* approached the Royal College of Psychiatrists in Northern Ireland for comment on links between mental health problems and suicide-homicide cases. Deciding that it was better to get real facts out, the College put forward a

When the media get it wrong, it is valid to complain. In fact it is important to politely explain why stigmatising coverage is harmful.

psychiatrist who is an expert on suicide to explain how such an event is rare and is more typically linked to domestic violence than to mental health problems. *The Irish News* received feedback from the public who said the article had helped to make sense of a terrible situation.

Other ways of using the media

There are other ways of using the media to communicate your messages.

- Most newspapers publish placed opinion pieces, which are articles sent in on a specific topic.
- Letters to the editor can draw attention to a specific event or story in the news. Clearly mark any letter that you send in this way: For Publication. (If you are writing privately to the editor, mark the letter NOT For Publication.) Get a letter writing campaign together when you want to get something done, with as many people writing in as possible.
- Radio talkback shows are a good opportunity to get opinions on the air. When a topic comes on air related to mental health, have several people ring in and try to talk to the host.

Media monitoring

As with every other part of a discrimination and stigma programme, it is important to know if your messages are getting through.

- Whenever possible keep copies of your media coverage, and check to see how many of your messages were delivered and if they were delivered accurately.
- Keep track of what journalists are finding interesting, and use this knowledge in future media work.


Complaining to and congratulating the media

Complaining

When the media get it wrong, it is valid to complain. In fact it is important to politely explain why stigmatising coverage is harmful.

Know who to complain to.

- If it is a small inaccuracy, tell the journalist, particularly if you have a good relationship with them. If it is repeated, tell the editor.
- If a story, or a headline, is stigmatising, write a letter of complaint to the editor.
- Complain to media regulators. Include the time and date of publication or transmission, what was reported, and why it was damaging.



When the media run a good story, tell them let them know what aspect you liked and why it was helpful.

‘Stigma Stop Watch’ campaigns, such as that developed by the ‘see me’ campaign in Scotland can be effective

- **Monitor all media for stigmatising stories.**
- **Sign up a group of people ready to send letters.**
- **Each time a stigmatising article is published, send your supporters a letter for them to sign and send to the editor or regulator.**
- **Write with praise when a good article is published.**

Congratulating

Complaining too often can alienate journalists and editors, so when they run a good story tell them. Again, tell them why the story was helpful to people with mental health problems. Let them know what aspect you liked.

Media Awards

An excellent way of encouraging positive and accurate reporting is through media awards.

- The Mental Health Media Awards recognise UK broadcasters who challenge misinformation and stereotypes; include people with mental health problems; and present mental distress as a common, human experience and not one to be feared, derided and stigmatised. Awards are made in all areas of factual and drama programmes, and a ‘Speaking Out’ award is presented to a person with mental health problems who has told their story in the media.

- The Mental Health Information Centre of South Africa honours individual journalists who report mental health issues in a sensitive, responsible and accurate way.
- Australia’s Hope Awards offer a total of \$A20,000 in prize money to makers of short documentary and drama films that demonstrate a clear message of hope for people with mental health problems and people close to them.
- Mental Health America encourages journalism students to report on mental health including a student category in its awards for media portrayal of mental health issues.
- Scottish mental health charity SAMH marks Mental Health Awareness week with awards for broadcast and written media, including books.

Staying in the news

To keep the media interested in your project, it will be necessary to think of creative ways to grab public attention.

- **Surveys:** Research that includes surprising figures around levels of stigma or discrimination may be news.
- **Famous people:** A celebrity supporting your campaign will sometimes make news, but it is most powerful when a famous person or sporting hero talks about their own mental health problems, thereby challenging stereotypes.

Think beyond the media – consider where your target audience gets information.

Other ways of communicating

While the media will probably be your main outlet, there are other ways of getting your message out. Think about where your target audiences get information. Examples include:

- An attractive website with plenty of easily accessible information, links and activities.
- ‘Viral’ emails, which rely on people passing them on to contacts, can work – make an email so funny that everyone wants to send it to their friends, and put it on websites such as ‘youtube’.
- Posters can be used in many places from doctors’ surgeries to sports venues and community centres.
- Information can be placed in libraries as well as other places where people pick up leaflets.
- Coloured rubber wristbands and label badges are a popular way of showing support: give them away or sell them for a donation at pharmacy and other shop counters.

Public speaking

Find out about upcoming conferences that may be looking for speakers. Contact conference and events organisers and tell them what topics you can offer people to speak on. For example, if you are working on discrimination, you may have a lawyer who has expertise in how this relates to mental health, or an individual who has successfully taken an employer to court.

Advertising campaigns

Advertising campaigns can be an effective way of reaching a mass-market audience, or of targeting your message at a very specific group.

- Effective advertising will be based on careful market research of the audience, breaking down attitudes by age, gender, income/education, geographical locality and possibly ethnicity. This enables advertising to be very specifically targeted.
- Testing advertising messaging and imagery with target audiences before making an advertisement is essential. It can be very expensive to make significant changes.
- The bigger the audience, the more expensive advertising space will be, but you may be able to negotiate free airtime. Some broadcasters reserve free space for public service announcements.
- There are many different outlets for advertising. Don’t assume you can’t afford it because television airtime is expensive. Think about local newspapers, billboards, bus shelters, and buses (inside and outside). If you make a television advertisement, consider showing a longer version in cinemas before films. Think about newer outlets for advertising such the back of bus, sporting or concert tickets.

Events can stir interest in your campaign and focus attention on your message.

Think about what makes an event different or memorable?

- Ensure your advertising agency is working with you to meet the same goals. Pull back from the creative angle and ask yourself if the advertisement communicates your key messages.
- Don't forget to keep money aside for market research after the advertising campaign, to find out if it worked. Analyse what group of people were most moved by the campaign, and whether this was the group you were targeting.

Creating an event and using the arts

Events can stir interest in your campaign and focus attention on your messages. This is a way of interacting with the public directly, and also of attracting media coverage that will raise broader awareness. Events that use art, music, performance or community participation will give the media something to film or photograph.

Think about events that you have seen or read about recently, or that you have been to. What made them different or memorable?

Events that can raise awareness include:

- Street fairs and carnivals
- Art exhibitions
- Concerts
- Film festivals
- Marathons, fun runs, walks and even dog walks
- Stalls at markets and fetes
- Stage performance poetry competitions.

World Mental Health Day

“It is the small events as well as the large campaigns that give World Mental Health Day its global reach.”

World Federation for Mental Health

World Mental Health Day, held on October 10 each year, raises public awareness of mental health issues in more than 150 countries. Each year there is a different theme. Materials and ideas to support the promotion of World Mental Health day are available at:

www.wfmh.org

These can include:

- Joining with local cultural organisations and support groups to work collaboratively
- A ‘Citizen’s March for World Mental Health Day’
- A media conference to promote the World Mental Health Day theme
- A ‘Mental Health Fair’ on World Mental Health Day
- Preparing and having a World Mental Health Day Proclamation or Resolution released by a government official.

Informing and targeting particular groups

Public relations campaigns tend to focus on general populations. Another complementary approach is to focus on particular target groups. These approaches often draw on the personal testimony of people with experience of mental health problems.

Working with employers

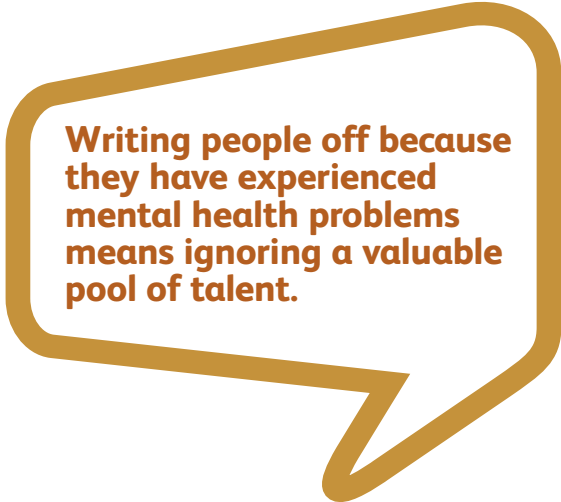
Rates of employment among people with experience of a mental health problem are often low and the jobs they are offered are often low paid with little opportunity for promotion. Many employers are also reluctant to hire people with experience of a mental health problem or to give them positions of responsibility.

Work with employers to explain why it is in their interests to employ a person with a mental health problem or to retain a person who develops a mental health problem in work.

- A quarter of the workforce will experience a mental health problem at some point during their lives. Writing people off because they have experienced mental health problems means ignoring a valuable pool of talent.
- It is expensive to recruit and train new staff, so it is more cost effective to work with a person to enable them to continue working if they develop a mental health problem.
- In many countries there is a legal obligation not to discriminate against people who have or have had a mental health problem.

Encourage employers to take a positive approach to developing a mentally healthy workplace. This can break down barriers to talking about discrimination and stigma.

- It is possible to talk to employers individually, but sometimes it is helpful to run seminars for bigger groups, perhaps through local associations.
- The biggest impact will always come from listening to an individual talk about their own experience of discrimination or support.



Writing people off because they have experienced mental health problems means ignoring a valuable pool of talent.

Useful tools

Brief guides for managers explaining how to deal with mental health in the workplace are often popular. These should lay out simple tips on the best way of dealing with people who experience mental health problems, how to set up a work place that keeps people mentally well, and what managers' legal responsibilities towards people with mental health problems are.

ACTION ON STIGMA: PROMOTING MENTAL HEALTH, ENDING DISCRIMINATION AT WORK:

Information for people with mental health problems outlining their employment rights will help them know when they are being discriminated against, and what to do if this happens.

For example, Department of Health *Action on Stigma: promoting mental health, ending discrimination at work, 2006*.

London: Department of Health

www.shift.org.uk

Working with schools

Education programmes around the world have found that a mix of factual information and the opportunity to talk openly with a person who experiences mental health problems have the most effect in challenging stigma.


Negative attitudes and behaviour towards people with mental health problems often begin at an early age, and remain throughout childhood. Educating school children can have an impact on how they behave now, and also how they influence others as they grow older.

Work with schools can be carried out at almost any level. It costs very little for a small group to arrange to give a talk to a class, or a local organisation could arrange to run a more structured series of talks in several local schools.

Awareness in schools

The Institute of Psychiatry, King's College London and the NGO Rethink ran short workshops for 500 secondary school pupils in England, including the personal story of an individual with mental health problems. They found that young people used 270 different words and phrases to describe people with health problems, and most were insulting terms. Attitudes were much more positive a week after the training session and were still much higher six months later.

The study concluded that short educational workshops can produce positive changes in school students' attitudes to mental health problems.



Provide materials that teachers can introduce into subjects.

Often groups lobbying to build mental health awareness into the school programme can find schools are unwilling to add extra classes.

One way around this is to provide materials that teachers can introduce into subjects. For example, a mathematics class might be asked to calculate the percentage of the population with a mental health problem, which can make school children aware of how common mental health problems are.

Working with the police

Police officers will often meet people with mental health problems at times when they are very distressed, but rarely see them when they are well. International research has found that police officers have a similar level of knowledge of mental health problems as members of the general population, but their attitudes towards people with mental health problems are even less favourable than popular opinion.

BASTA and the Bavarian Police Academy

When police officers come into contact with people with schizophrenia at a time when they are disturbed, this can often result in violence. This reinforces prejudices that police officers may already hold about people with mental health problems.

In Germany, an anti-stigma project of BASTA – the alliance for people with mental health problems – developed a training seminar for police in cooperation with sociology teachers of the Bavarian police academy, focused on how comfortable police officers felt being with people with mental health problems, and their negative stereotypes of people with mental health problems. Personal contact between officers and patients, relatives, professionals was the core of the seminar. Evaluation of the project showed significant improvement in how comfortable police officers are being with people with mental health problems, and an improvement in attitudes towards stereotypes of violence and understanding that mental health problems can be treated.

The need for the police to receive special training regarding mental health problems was acknowledged by all participants.

People feel that their physical health problems may be missed or dismissed because doctors only consider their mental health problem.

Educating medical students

People with mental health problems report that they often encounter discrimination within health settings. People feel that their physical health problems may be missed or dismissed because doctors only consider their mental health problem.

Anti-Stigma Training and Evaluation Collaboration for medical students (ASTECC)

The ASTECC programme run by the Institute of Psychiatry, King's College London and Rethink provides direct contact between people with mental health problems and medical students. There are two forms of this social contact: in large scale lectures, and in small seminars, using role play.

The evaluation of the programme consists of before and after comparisons of knowledge, attitudes, and the behaviour of the medical students (the latter is assessed from the routine Observed, Structured, Clinical Examination sessions, when medical students are rated for their professional performance when assessing actors who role play patients.)

Researchers also assess the short term and medium term outcomes of the training. In this way they aim to identify key active ingredients to reduce stigma among medical professionals.

www.iop.kcl.ac.uk and www.rethink.org

Other ways to take action

There are many other ways of taking action, a lot of which can be done on a small scale:

- Petitions – start a petition for change and get as many signatures as possible
- Letter writing campaigns – have as many people as possible write individual letters on the same subject asking for action to be taken
- Meetings – set up meetings with people who make important decisions or their advisers to let them know what you are doing
- Committee membership – accept invitations to be a member of committees that advise or make decisions on policy
- Make contact with other organisations with similar aims locally, in your country and around the world. Find out what they are doing and share what you are doing. Learn from each other.

Bringing it all together: Scotland's 'see me' campaign

In 2001, the Scottish Government launched the National Programme for Improving Mental Health and Wellbeing. Through a number of different initiatives the National Programme aims to improve the mental health and wellbeing of everyone in Scotland and improve the quality of life and social inclusion of people who experience mental health problems. For more information visit www.wellscotland.info/index.html

A key part of the Programme, is 'see me', Scotland's anti-stigma campaign

'see me' was launched in October 2002 with the aim of tackling the stigma and discrimination associated with mental health problems. For more information visit www.seemescotland.org.uk


'see me' is wholly funded by the Scottish Government, but is managed by an alliance of five mental health organisations, including four NGOs and the Royal College of Psychiatrists.

A key feature of the 'see me' campaign has been its approach of targeting the whole population of Scotland. In its early stages it has focused on raising public awareness, both through improving public understanding of mental health and drawing attention to the impact of stigma and discrimination on people with mental health problems.

The name 'see me... I'm a person not a label' emerged from the process of testing different design solutions before the campaign launch.

The campaign's activities include:

- National level publicity campaigns targeted at the general population using television and cinema advertisements, billboard posters, press releases and other 'see me' branded materials downloadable from its website.
- Targeted publicity campaigns aimed at specific groups. This includes its young people's campaign using cartoon images advertised through television channels and other media known to have a younger audience and supported by a micro website designed specifically for young people. 'see me' has also run a public awareness campaign targeted at stigma in the workplace.
- A Media Volunteer Programme which trains and supports people with lived experience of mental health problems to talk to the media.
- Stigma Stop Watch which encourages people to point out negative (or positive) representations of people with mental health problems in the media or advertising. This enables people to complain individually or for 'see me' to take action.
- 'see me' has also developed media guidelines.



I strongly believe that the campaign and others like it have made a huge contribution to lessening the stigma that surrounds mental health issues.

Working closely with a public relations agency, the campaign draws on social marketing approaches to get its message across. This has involved:

- Research to identify where action needs to be taken
- Intensive testing of different design solutions before launching a campaign
- Evaluation following a campaign to assess the 'reach' of the campaign advertising and awareness of the campaign's messages.

Throughout the campaign's life it has worked to support local activity, providing materials, expertise and advice. This has included working with local voluntary groups and private companies as well as public authorities.

Evidence from independent surveys in Scotland suggest that public attitudes towards mental health may be changing, a change to which 'see me' has undoubtedly made a contribution.

A review of the first four years of the campaign, *See Me So Far*, details the way in which evidence and social marketing were brought together to effect change. From summer 2008 a campaign toolkit, designed to encourage local champions across Scotland to campaign locally against stigma, will be available from www.seemescotland.org

A call to action

Fighting the discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them is both a challenge and an imperative if we are to achieve socially just societies which value, protect and promote the rights of all citizens. Whether small local festivals or nationwide

multi-level campaigns, all have a vital role to play in tackling the injustices currently experienced by many people with a mental health problem. Even small changes add up and lay the foundations for bigger changes. What is important is that action is taken.

**More
information**

Places to go for more information

Organisations

Below are additional organisations, programmes and resources that are targeted towards fighting the discrimination, stigma and social exclusion of people with mental health problems and those close to them.

Amnesty International

www.amnesty.org

1 Easton Street
London WC1X 0DW
United Kingdom

tel: +44 (0)20 7413 5500

fax: +44 (0)20 7956 1157

ENUSP (European Network of (Ex-)Users and Survivors of Psychiatry)

www.enusp.org

Zabel-Krüger-Damm 183
D-13469 Berlin
Germany

tel: +49 30 8596 3706

email: desk@enusp.org

ENUSP is a grassroots umbrella organisation on a European level that brings together national organisations of (ex-)users and survivors of psychiatry to communicate and to support one another in fighting injustice, expulsion and stigma in the members' respective countries.

EUFAMI (European Federation of Associations of Families of People with Mental Illness)

www.eufami.org

Diestsevest 100
B-3000 Leuven
Belgium

tel: +32 16 74 50 40

fax: +32 16 74 50 49

email: info@eufami.org

EUFAMI comprises 42 family associations (across 26 European countries and one non-European country) representing families and carers of people living with severe mental health problems. ZeroStigma is EUFAMI's campaign to replace prejudice, ignorance and fear of people with mental health problems with acceptance, knowledge and understanding.

European Observatory on Health Systems and Policies

www.euro.who.int/observatory

WHO European Centre for Health Policy
Rue de l'Autonomie, 4
B-1070 Brussels
Belgium

tel: +32 2 525 0935

fax: +32 2 525 0936

email: info@obs.euro.who.int

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive analysis of the dynamics of health care systems in Europe. Their work on mental health policy addresses the ongoing move towards community-based care, and how barriers to system reform may be overcome.

Resource:

Knapp M, McDaid D, Mossialos E, Thornicroft G, (eds) *Mental Health Policy and Practice across Europe: The future direction of mental health care*, 2007. Maidenhead: Open University Press (available for download from the European Observatory website).

The book addresses the legal rights of people with mental health problems, the impact of discrimination, stigma and social exclusion and approaches to the reform of services across Europe.

Hamlet Trust

www.hamlet-trust.org.uk

The Hamlet Trust c/o Mental Health Foundation
9th Floor, Sea Containers House
20 Upper Ground
London SE1 9QB
United Kingdom

tel: +44 (0)20 7803 1160

fax: +44 (0)20 7803 1111

The Hamlet Trust supports the development of community-based and user-led mental health initiatives. Since 1990, it has worked to establish, support and develop a network of member organisations (which now number more than 50 and which are all non-governmental organisations, or NGOs) throughout Central & Eastern Europe and Central Asia. Hamlet's aim is that these organisations are both based in their communities and are led by service-users themselves.

Resource:

Bureau J, and **Shears J**, *Pathways to Policy: A toolkit for grassroots involvement in mental health policy*, 2007. Hamlet Trust Toolkits, Hamlet Trust: London (available for download from website).

This toolkit provides a tried-and-tested framework for establishing policy fora that allow people with mental health problems to have a real voice in policy making. It includes training materials that can be applied in a wide variety of contexts.

Health Scotland

www.healthscotland.com

Woodburn House
Canaan Lane
Edinburgh EH10 4SG
United Kingdom

tel: +44 (0)131 536 5500

fax: +44 (0)131 536 5501

email: general_enquiries@health.scot.nhs.uk

Health Scotland is Scotland's health improvement agency. Funded by the Scottish Government, it aims to support population health improvement and promotion and tackle health inequalities.

Health Scotland is the WHO Europe Collaborating Centre taking the lead on mental health related stigma and discrimination as part of the WHO Europe Region's Mental Health in Europe Implementation Plan 2005–2010.

Implementis

www.implementis.eu

An online resource for mental health advocacy in Europe developed by the International Longevity Centre-UK working together with EUFAMI. It is designed to assist users, carers, healthcare professionals and government policy makers in reviewing existing mental health policies and services and lobbying for new areas for action.

Mental Health Europe

www.mhe-sme.org

Mental Health Europe
7 Boulevard Clovis
B-1000 Bruxelles
Belgium

tel: +32 2 280 0468

fax: +32 2 280 1604

email: info@mhe-sme.org

Mental Health Europe (MHE) supports the emancipation of different groups in the mental health field in order to establish equal positions between the different parties and to ensure that mental health activities and mental health care really meet the needs of the population. It has developed a range of projects centring on social inclusion and anti-discrimination.

Resource:

www.mentalhealth-socialinclusion.org

The website reports on the MHE-led EU Project 'Good practices for combating social exclusion of people with mental health problems'. It includes an online database of best practice for combating social exclusion drawn from projects in Belgium, Cyprus, Czech Republic, France, Ireland, Italy, Poland, Slovakia, Slovenia, and the UK.

The National Programme for Improving Mental Health and Wellbeing

www.wellscotland.info

National Programme Team
 Scottish Government
 St Andrew's House
 Regent Road
 Edinburgh EH1 3DG
 United Kingdom

tel: +44 (0)131 244 2551

email: well@scotland.gsi.gov.uk

Through a number of different initiatives the National Programme aims to improve the mental health and wellbeing of everyone in Scotland and improve the quality of life and social inclusion of people who experience mental health problems.

Open Society Mental Health Initiative

www.osmhi.org

Open Society Institute
 Október 6 u 12
 H-1051 Budapest
 Hungary

tel: +36 1 327 3100

fax: +36 1 327 3101

The Open Society Mental Health Initiative (MHI) aims to ensure that people with mental disabilities (mental health problems and/or intellectual disabilities) are able to live in the community and to participate in society with full respect for their human rights. MHI works in Central and Eastern Europe and the former Soviet Union, and promotes de-institutionalisation and the development of sustainable community-based services.

Rethink

www.rethink.org

5th Floor Royal London House
 22–25 Finsbury Square
 London EC2A 1DX
 United Kingdom

tel: +44 (0)845 456 0455

email: info@rethink.org

Rethink is a UK mental health voluntary organisation whose work includes activities to research and tackle stigma and discrimination.

Resource:

www.rethink.org

How can we make mental health education work?: Example of a successful local mental health programme challenging stigma and discrimination, 2006. Institute of Psychiatry/ Rethink: Surrey (available for download from the website).

The report describes the approach taken by one mental health awareness project in England to reduce discrimination and stigma experienced by people with mental health problems.

'see me'

www.seemescotland.org.uk

9–13 Maritime Street
 Edinburgh EH6 6SB
 United Kingdom

tel: +44 (0)131 624 8945

fax: +44 (0)131 624 8901

email: info@seemescotland.org.uk

'see me' is Scotland's national campaign to end the stigma of mental ill-health. It was launched in October 2002 and is run by an alliance of five organisations.

Resource:

'see me', A review of the First 4 Years of the Scottish Anti-stigma Campaign, 2008.

'see me': Edinburgh (available for download from the website).

The review, available via their website, details the way in which evidence and social marketing were brought together to effect change.

Scottish Development Centre for Mental Health

www.sdcmh.org.uk

17a Graham Street
 Edinburgh EH6 5QN
 United Kingdom

tel: +44 (0)131 555 5959

fax: +44 (0)131 555 0285

email: sdcmh@sdcmh.org.uk

The Scottish Development Centre for Mental Health is a non-governmental organisation which undertakes research and development

work to support the mental health and well-being of individuals and communities and the improvement of services for people with mental health problems.

SMES-EUROPA (Santé Mentale Exclusion Sociale)
www.smes-europa.org

email: smeseu@smes-europa.org

SMES-EUROPA is a European Network that addresses social exclusion as a structural phenomenon within society. It works for the mental health and social rehabilitation of people with mental health problems.

Substance Abuse and Mental Health Services Administration (SAMHSA) Resource Center to Address Discrimination & Stigma Associated with Mental Illness (ADS Center)
www.stopstigma.samhsa.gov

This resource provides information and advice on fighting the discrimination and stigma associated with mental health problems. While much of its material is focused on an American context, it provides a comprehensive bibliography of literature addressing discrimination and stigma and other useful resources.

Resource:

Substance Abuse and Mental Health Services Administration. Developing a Stigma Reduction Initiative, 2006. SAMHSA Pub. No. SMA-4176. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration: Rockville, MD (available for download from website).

This resource provides material on how to run anti-stigma and anti-discrimination initiatives. It draws on activities undertaken in eight American states.

Support Project: Promoting the EU Mental Health Agenda

www.supportproject.eu

Scottish Development Centre for Mental Health (as previous)

The Support Project is a collaborative project co-funded by the European Commission and led by the Scottish Development Centre for Mental Health with STAKES and Health Scotland.

Together with other projects in the European Union Public Health Programme, the Support Project provides administrative, technical and scientific support to further the mental health priorities of the European Commission.

World Federation for Mental Health (WFMH)
www.wfmh.org

6564 Loisdale Court
 Suite 301
 Springfield
 VA 22150-1812
 USA

tel: +1 703 313 8680

fax: +1 703 313 8683

email: info@wfmh.com

The WFMH organises World Mental Health Day and promotes the advancement of mental health awareness and advocacy. It works towards ensuring that public policies and programmes reflect the crucial importance of mental health in the lives of individuals.

World Health Organization (WHO)
www.euro.who.int/mentalhealth

WHO Regional Office
 Mental Health
 Scherfigsvej 8
 DK-2100 Copenhagen
 Denmark

tel: +45 39 17 13 91

fax: +45 39 17 13 18

email: mentalhealth@euro.who.int

The Regional Office's mission is to support Member States in: developing and sustaining their own health policies, health systems and public health programmes, working to prevent and overcome threats to health, anticipating future challenges, and advocating public health.

World Psychiatric Association (WPA) Global Programme against Stigma and Discrimination because of Schizophrenia 'Open the Doors'
www.openthedoors.com

The 'Open the Doors' anti-stigma programme was set up in 1996 by the World Psychiatric Association (WPA) as an international programme to fight the stigma and discrimination associated with schizophrenia. The three aims of the programme are to:

- Increase the awareness and knowledge of the nature of schizophrenia and treatment options.
- Improve public attitudes about those who have or have had schizophrenia.
- Generate action to eliminate discrimination and prejudice.

Countries within the WHO European Region in which programmes exist comprise: Austria, Germany, Greece, Italy, Poland, Romania, Slovakia, Spain, Turkey and the United Kingdom.

Resource:

Sartorius N, and Schulze H, *Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association*, 2005. Cambridge University Press: Cambridge.

The book documents the work of the WPA Programme, and provides comprehensive details and advice about running various anti-stigma programmes in countries that are economically, politically and culturally diverse.

Useful reference books

Corrigan P, and Lundin R, *Don't Call Me Nuts! Coping With The Stigma Of Mental Illness*, 2001. Recovery Press: Chicago.

Don't Call Me Nuts! looks at the impact of discrimination and stigma on people with mental health problems, and considers action to combat this on a personal and community level.

Sayce L, *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*, 2000. Palgrave: Basingstoke.

From Psychiatric Patient to Citizen analyses how discrimination against people with mental illness leads to social exclusion and examines initiatives needed to change this.

Sartorius N, and Schulze H, *Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association*, 2005. Cambridge University Press: Cambridge.

The book documents the work of the WPA Programme, and provides comprehensive details and advice about running various anti-stigma programmes in countries that are economically, politically and culturally diverse.

Thornicroft G, *Shunned: Discrimination against people with mental illness*, 2006. Oxford University Press: Oxford.

Shunned explains the nature and severity of discrimination and stigma faced by people with mental health problems, and what can be done to reduce this. The book includes personal accounts in the context of factual information.

Wahl O.T, *Telling Is Risky Business: Mental Health Consumers Confront Stigma*, 1999. Rutgers University Press: New Jersey.

Telling is Risky Business is the result of a US nationwide survey in which 1,300 people with mental health problems spoke of their experiences of stigma and discrimination.

Our thanks to the many people and organisations across the WHO European Region for providing us with information on the range of different activities that are taking place. We are most grateful to them for their help and support despite the many competing and important demands on their time.



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