

Summer | 2013

A Study of Stigma: Mental Health Initiatives

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While the author prepared this paper in her capacity as a summer student intern at the Graham Boeckh Foundation, its views and opinions are those of the author alone.

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Introduction

Of the stigmatized conditions present in society, mental illness ranks near the top of the list. A variety of misleading and inaccurate facts generate stereotypes, fears, and forms of rejections. The stigma associated with mental ill health is detrimental to the well-being of those directly affected by mental illness; an alarming one fifth of the Canadian population. The unfortunate stigma associated with mental ill health is a long-standing one. It is harmful and powerful, and above all, completely unacceptable.

This research paper will investigate different types of stigma with regards to its daily impact and the dangers they entail. The paper will then segue into two frameworks that will help to explain the types of anti-stigma campaigns that exist in Canada, the United States, the United Kingdom, and Australia, and their varying degrees of success. Finally, I will provide a recommendation as to how the Graham Boeckh Foundation can contribute to the organized efforts of reducing the stigma associated with mental illness.

Stigma and Its Impact

In order to understand the severity of the stigma associated with mental health, we must first define it, then distinguish the two dimensions of stigma: public stigma and self-stigma. Stigma can be summarized as a negative evaluation of individuals because of personal characteristics, which may be physical or behavioural (Credo Reference, 2013). In the case of mental illness, stigmas arise due to uneducated opinions. These lead to inaccurate beliefs about mental health. Stigmatization may occur when individuals consider the mentally ill to be intellectually impaired, dangerous, contagious, or incapable of acting as a functioning member of society. These cruel assumptions do great harm. Not only are these individuals faced with the challenge of overcoming their illness, they are also now victims of stigmatization resulting in feelings of embarrassment, shamefulness, and hopelessness (Corrigan & Watson, 2002).

Challenged Twofold

It has been said by individuals who suffer from mental illnesses that the associated stigma can be worse than the illness itself (The Mood Disorders Society of Canada, 2013). Victims of stigmatization are challenged twofold; with the symptoms of their illness and the associated disabilities as well as the prejudice and discrimination that come as a result of the misconceptions surrounding mental illness (Corrigan & Watson, 2002). Both challenges deprive people with mental illness of opportunities that would normally exist. Such deprivations may include the lack of respectable jobs, safe housing, satisfactory health care, and affiliation with certain groups of people (Corrigan & Watson, 2002).

While there is current and relevant research on mental health and illnesses, there is very little research activity devoted to investigating the effect of stigmatization on

mental health. Although there is minimal concrete information on this relationship in the mental health sector, stigma of minority groups has been a central focus of research in other fields. Fortunately, those studies have helped us to better understand stereotypes, prejudice, and discrimination. These concepts can be extended to understanding mental illness stigma because of their important role in the lives of those who suffer from mental illnesses. Social psychologists and sociologists in these fields have discovered that the impact of stigma can be classified into two categories – public stigma and self-stigma – which is undoubtedly applicable to the mental health sector (Corrigan & Watson, 2002).

Public Stigmatization

Public stigma refers to the common societal reactions towards those who suffer from mental illness (Corrigan & Watson, 2002). Researchers have concluded that there are three noteworthy components that contribute to the severity of mental illness stigmas: the presence of stereotypes, prejudice, and discrimination. These three components perpetuate and are direct results of one another.

A stereotype is a simplified but vivid representation of something, which reduces persons to a set of exaggerated, usually negative, character traits (Credo Reference, 2013). While stereotypes are an efficient and quick tool for society to generate an opinion, they are too often inaccurate. Fortunately, while many stereotypes exist, not all individuals subscribe to them. People categorized as prejudiced are those who endorse the negative stereotypes (Corrigan & Watson, 2002). Prejudiced individuals cause much suffering to those who are mentally ill. Their firm beliefs are neither accurate nor educated, but are presented as fact. This stimulates negative emotional reactions towards non-deserving and already vulnerable individuals.

Stereotypes lead to prejudice, and prejudices lead to discrimination. Discrimination, defined as the “differential or unequal treatment of a particular group” (Credo Reference, 2013), is especially harmful when considered in the mental health sector; the discrimination against insecure and susceptible individuals can be permanently damaging when they feel remaining silent is their only viable option, and silence of course, discourages individuals to seek the help they undeniably need. Research suggests that the fear of rejection by others is so powerful that individuals who are mentally ill will reject life opportunities simply to avoid the public stigma they might encounter in the workforce, or in society in general, should their illness be revealed (Corrigan & Watson, 2002). The vicious cycle of stereotypes, prejudice, and discrimination, is destructive because public stigma thrives on those three key components, however, the cycle is not exclusive to public stigmatization; the mentally ill are also confronted with the induction of self-stigmatization.

Self-Stigmatization

Contrary to public stigmatization, self-stigmatization focuses on one’s inclination to turn against oneself by doubting their one’s competence (Credo Reference, 2013). Research shows that public stigma strongly influences the acquisition and development of an individual’s self-stigmatizing behaviour. The endorsement to

sympathize with a person with a mental illness is particularly likely to bring about self-stigmatization in mentally ill individuals.

The process of self-stigmatization is internalized and psychological, caused by a stigmatizing characteristic (Bathje & Pryor, 2011) that comes from the public's preconceived idea of mental health. Individuals who subconsciously inflict self-stigmatization often experience a loss of self-esteem and self-efficacy. They feel shame, fear, embarrassment, and alienation (Bathje & Pryor, 2011) in abundance, which aggravates their sensitive condition and decreases the likelihood they will seek help.

The Dangers of Stigma

Stigma plays an integral role in the medical practice because of the behavioural characteristics that generate stigma and those which influence how the illnesses are addressed and treated (Credo Reference, 2013). This makes degrading stigma associated with mental illness a relevant and pressing problem because it directly affects the degree to which patients seek help.

The effects of stigmatization are obvious, both in terms of self-esteem and psychological wellbeing of sufferers of stigmatized conditions and in terms of how they are treated by the clinical community and society at large. (Ayer, 2007, p. 214)

Stigma as a Barrier to Seeking Help

Stigma is believed to be one of the major self-created barriers to seeking treatment as a mentally ill individual (Corrigan, 2004). Corrigan explains that stigma is related to treatment avoidance in at least two ways. The first is 'label avoidance'. Individuals wish to avoid being publicly identified as "mentally ill" because of the term's now negative connotation. Label avoidance in its most common form is concealing the use of mental health services through payment procedures (Bathje & Pryor, 2011). It is not uncommon for individuals who are mentally ill to fear the judgement that could develop towards them should they submit their treatment costs to insurance companies. As a result, some individuals pay for the treatment out of their own pockets to avoid potential humiliation.

The second impact stigma has on the seeking of mental health treatment is related to the threat and harm it has on self-esteem. By the time the patient decides to seek treatment for their mental illness(s), they will have accepted the fact that their status is about to change. They will be seen as someone in need of psychological aid. They will also have to accept bias from much of society as a result of their sought treatment for mental illness. During this stage of forced acceptance, individuals often encounter negative effects of public stigma, such as devaluation, discrimination, and suffer from a significant loss of self-esteem. The toll stigma takes on a mentally ill individual is multifaceted and tremendously harmful; especially

considering the recent acquisition of sufficient confidence to seek help at all. (Bathje & Pryor, 2011).

Results of Not Seeking Help

Individuals who suffer from mental illnesses will go to great lengths to avoid the public discovering their psychological diagnosis because they fear being severely stigmatized. This could mean personal restrictions on their ability to socialize, a fundamental key skill for seeking employment (Bathje & Pryor, 2011). Furthermore, they are reluctant to seek counselling. Although many would benefit from available resources and sources of help, they prefer to remain silent than be faced with the stigmatization.

Stigma has been defined as a mark or flaw resulting from a personal or physical characteristic that is viewed as socially unacceptable. The stigma associated with seeking mental health services, therefore, is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable. (Hackler, Vogel, & Wade, 2007)

Given the negative perception of those who suffer from mental illnesses, it is not surprising that individuals hide their mental health concerns as a protective measure from stigma. Along with the definition above, Hackler, Vogel, and Wade released a report in 2007 detailing the main reasons to fear stigmatization from the perspective of a mentally ill individual. They concluded that stigmatization deters individuals from “(a) acknowledging their illness, (b) seeking help, and (c) remaining in treatment, thus creating unnecessary suffering” (2007). The three professors from Iowa State University concluded that a better understanding of the role of stigma in seeking care would be a simple but important step in reducing the stigma surrounding mental illnesses. This would hopefully lower the number of suicides yearly caused by untreated mental illnesses.

Framework 1: Strategies for Reversing the Stigma

Many professionals believe that stigma can be combated by an improvement in education and a higher level of awareness on the subject. Increased awareness on mental health is necessary because of the stigma that currently permeates society, resulting in countless myths and negative stereotypes directed at those who suffer from mental illnesses. The depth of mental illness stigma is overwhelming, but fortunately there are advocacy groups currently prioritizing the reduction of stigma associated with mental health. Advocacy groups have implemented campaigns designated to abolish stigma among the public and the media in a variety of strategic ways. In Amy Watson and Patrick Corrigan's academic journal on “Challenging Public Stigma: A Targeted Approach”, they detail three approaches to reversing mental health stigma: protesting, education, and contact (Corrigan & Watson, 2005).

Protest

The protest strategy emphasizes the injustice of specific stigmas and encourages individuals to question why they originally professed inaccurate facts on mental illnesses. If done in an appropriate manner, protesting can be quite effective to reducing the stigma associated with mental health. In 2002, the National Alliance for the Mentally Ill (NAMI) launched a protesting campaign called “StigmaBusters”. StigmaBusters would distribute emails to inform receivers about the stigmatizations of a person with a mental illness and then correct them by electronically providing accurate facts. Additionally, NAMI played a prominent role in cancelling a program TV show called “Wonderland” in which the ABC producers portrayed persons with mental illnesses in a stigmatized fashion as dangerous and unpredictable (Corrigan & Watson, 2005). Protesting groups have proven to be effective in ensuring the flow of alienating and stigmatizing programs, advertisements, or articles is less accessible to the public.

Education

The education approach to reducing the stigma surrounding mental illness is focused on challenging inaccurate stereotypes by replacing them with basic factual information. Professionals believe that this can be accomplished by addressing mental illness to any audience, simply by stressing the falsity surrounding the typical mental health claims. With a better understanding of mental illness realities, individuals will be less likely to endorse stigma and discrimination and more likely to dispel the myths (Corrigan & Watson, 2005).

Contact

The third strategy for reducing stigma concentrates on making interpersonal connections with those who suffer from stigmatization due to their mental illness. Corrigan and Watson explain three relevant subset components: equal status between groups, common goals, no competition. Equal status refers to the power groups that exist in any society – mentally ill or otherwise (i.e. landlord-resident relationship). It is important that the equal status component is present when treating those who are mentally ill to avoid imposing feelings of inferiority. Additionally, working together towards common goals can be an effective approach to reducing stigma. By collaborating in a partnership, mentally ill individuals offer a different but valuable opinion. Lastly, it is important to remember that competition mustn't play a role in the partnership, and that the joint teamwork or equal status is more effective than a power relationship. These forms of contact have potential to drastically reducing the stigma associated with mental health.

RBC Children's Mental Health Efforts**RBC's Mental Health Involvement**

The RBC's Children's Mental Health Project was created to financially support organizations of which are dedicated to providing early intervention, increasing public awareness and reducing the stigma of mental illness. RBC believes that all

children should feel healthy both inside and out and in an effort to enforce that, have donated more than \$16 million to mental health organizations (RBC, 2013).



Early Intervention

Mental disorders begin in childhood and adolescence, and so it is only logical that we diagnose said illnesses early on to allow them to lead normal teenage lives. The RBC Children's Mental Health Project funds early intervention programs that are directed at youth between the ages of 0 and 18 and deals with illnesses most prevalent in adolescents like anxiety and mood disorders (RBC, 2013).

Public Education to Reduce Stigma

When discussing mental health, the associated stigma is always a necessary consideration. RBC understands the harm that stigma can do to an individual's self-esteem. They support education programs that increase understanding, awareness and access to credible information in order to reduce social stigma. Additionally, they fund organizations that train parents, caregivers, teachers and health care professionals on how to recognize the signs of mental health problems early on (RBC, 2013).

The RBC Children's Mental Health Project Parent Poll

In 2010, RBC began polling Canadian parents to get an idea about the attitudes they have towards their children's mental health. Every year, RBC shares the results with the Canadian public as a way of providing basic level mental health knowledge.

The poll is an initiative of the RBC Children's Mental Health Project, a multi-year philanthropic commitment to support community-based programs that reduce stigma, provide early intervention and increase public awareness about children's mental health issues. RBC, 2013

This past year was the third annual poll of parents. The survey spanned from July 19th to August 3rd of 2012 and was to be completed online using Leger Marketing's panel, *LegerWeb*. The sample consisted of 2,568 Canadian parents who have at least one child under the age of 18. Additionally, there were a few questions that were posted online by the Kids Help Phone where 115 youths responded (RBC, 2013).

Questionnaire Categories

- Knowledge, Attitudes and Behaviour
- Discussing Children's Mental Health
- Seeking Information on Children's Mental Health
- Experiences with Mental Health
- Children's Mental Health and the Workplace
- Awareness & Access to Programs and Support Groups

- The Role of Fathers
- Parents with a Diagnosed Child

In addition to conducting polling surveys on many aspects of children's mental health, they are also large supporters of mental health organizations across Canada. In October of 2012, RBC celebrated Mental Health Awareness Week by announcing a total of \$4.4 million worth of grants that would be invested in 10 organizations, among community-based and regional ones, as well.

Framework 2: The Role of Anti-Stigma Campaigns and Its Metrics

An ideal stigma reduction campaign model would correspond with what Coniglio, Cianfrone, Korf-Uzan, Livingston, and Tugwell suggested in their report "Evaluation of a Campaign to Improve Awareness and Attitudes of Young People Towards Mental Health Issues" in November of 2012. They stated:

An evidence-informed stigma reduction strategy would, therefore, include interventions focused on: (a) supporting and empowering people who live with mental illness; (b) improving how members of the general public think, feel, and behave towards mental illness; and (c) addressing legislation, institutional policies, and professional practices that restrict the rights and opportunities of people with mental illness. (Cianfrone et al., 2012)

While this is the perfect model of what each anti-stigma campaign should be achieving, there is no existing tool to measure this success. Certain research studies have generated intense interview processes during the length of a campaign to observe the results. However, even a concentrated interview with over 400 participants is not a convenient or feasible tool to measure every existing anti-stigma campaign.

Top 10 Chosen Anti-Stigma Campaigns

After the decision to adopt the two frameworks I discovered through my research, I felt it only fit to apply them to a variety of anti-stigma campaigns. Initially, I chose over 20 campaigns out of appeal to their creativity, but I later realized that while they were interesting, they were not necessarily successful campaigns. This is why the application of the frameworks became critical to determination of whether or not the campaigns were successful. Each campaign was run through the two frameworks and were chosen based on the score they received on Framework 2. To be part of this study they had to have scored at least a 10/15, and ten campaigns were eligible. From there, I researched the ten chosen campaigns' home base, lead agency, creation, mission, purpose and description. Attached at the end is the explanation of what type of campaign it is and their final score out of 15 with a youth's opinion on what constitutes support and empowerment, the improvement

of stigma reduction, and efforts made to address the legislature on mental health policies.

Application of Frameworks to Campaigns

For the purpose of this study, Framework 1 and Framework 2 will be applied to 10 anti-stigma campaigns from Canada, the United States, and the United Kingdom. Each validates efforts that exist in reducing the stigma surrounding mental illness. Framework 1 will indicate the strategy path the campaign has chosen to follow, which in turn provides a better indication of how they are going about reducing the stigma. Meanwhile, Framework 2 serves as an indicator, by suggesting the campaign's level of success through a point value system. The solution to the issue of the non-existent metric analysis for anti-stigma campaigns was to create a suitable and realistic tool that would indicate the campaign's success.

Application of Framework 1

After researching the ten campaigns, three questions will determine what strategy the campaign is using to reduce stigma, and help us understand their future goals:

- 1) Does the strategy take action to ensure that stigmatizing programs, advertisements, and articles do not reach and alienate the public?
 - Protest strategy
- 2) Does the strategy make efforts to replace myths with basic mental health facts in an effort to reduce stereotypes, stigmatization, and discrimination?
 - Education strategy
- 3) Does the strategy have a particular focus on making direct and personal connections with mentally ill individuals?
 - Contact strategy

Application of Framework 2

Each of the ten campaigns will be filtered through this matrix analysis based on proprietary indicators. The proprietary indicators are grounded by values that mental health professionals deemed pertinent towards the success of an anti-stigma campaign.

A) Support & Empowerment

Level of Achievement	Point Value Assigned
Campaign is enthusiastically supportive and empowers mentally ill individuals by actively engaging them	5
Campaign demonstrates support for mentally ill individuals and attempts to empower them	4

Campaign demonstrates support or empowerment, but not both simultaneously	3
Campaign makes a weak effort to support mentally ill individuals and does not empower them	2
Campaign is lacking support and empowerment towards the audience their campaign is targeting	1

B) Improvement on Stigma Reduction

Level of Achievement	Point Value Assigned
Campaign has made noticeable change and improvements in the area of stigma reduction surrounding mental health	5
Campaign is in the process of reducing stigma surrounding mental health	4
Campaign has yet to make a change but has a strong goal and a detailed roadmap to achieve it	3
Campaign wants to make an improvement regarding the stigma associated with mental health but has not	2
Campaign shows little enthusiasm for wanting to make a significant change in the mental health field	1

C) Changing Policies

Level of Achievement	Point Value Assigned
Campaign makes continuous efforts to change government policy, implement policies, and observe practices that may be restricting to mentally ill individuals	5
Campaign attempts to make efforts to address legislature, implement policies, and observe practices that may be restricting to mentally ill individuals	4
Campaign acknowledges policy regulation, and practices that could affect the mentally ill	3
Campaign makes little effort to be educated on legislature, policies, and practices that could affect the mentally ill	2

Campaign is unaware and seemingly unaffected by the policies and practices that could affect mentally ill individuals	1
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Canadian Anti-Stigma Campaigns

“Shatter the Stigma, Mend the Mind” Campaign

Based out of: Niagara, Ontario
Lead agency on the campaign:
Pathstone Mental Health



Creation of Campaign and Mission:

Pathstone Mental Health is a non-profit charitable agency that operates under the Child and Family Services Act. The agency is run by a group of volunteers who form the Board of Directors. The funding for their anti-stigma initiatives are comes from three main sources: the Ontario Ministry of Children and Youth Services, the Ontario Ministry of the Attorney General, and the Regional Municipality of Niagara.

Pathstone’s overall mission is to “improve the quality of life across the lifespan for individuals who are dealing with or are affected by mental health problems and mental illness” (Pathstone Mental Health, 2013). In winter of 2011, Pathstone’s Board of Directors decided to create a campaign called “Shatter the Stigma, Mend the Mind” that would help end the stigmatization surrounding mental illness. By spring of 2011, the Community Advisory Committee was formed, and Pathstone Mental Health was shaping the campaign that would soon be launched.

Purpose of Campaign:

The purpose of the campaign “Shatter the Stigma, Mend the Mind” is to change the tendency of people look down upon mental illness. Ridding the stigma surrounding mental illnesses is of utmost importance because individuals are significantly less likely to seek treatment if they are feeling embarrassed by or ashamed of their condition. “Shatter the Stigma, Mend the Mind” works towards eliminating those feelings by creating campaigns and activities that demonstrate how common mental illness is.

Description of Campaign:

There are two main campaigns that “Shatter the Stigma, Mend the Mind” currently manages. One revolves around people anonymously submitting postcards online, artistically depicting their personal story regarding mental illness. The second campaign allows for individuals to share their stories about how mental illness and its associated stigma has affected them personally. Both campaigns provide the opportunity for people to speak freely about mental health, and for others to read about the impact stigmas have on its victims.

Result of Campaign

Framework 1: Educational Strategy

Framework 2: Table 1.0

Category	Point Value Assigned
Support & Empowerment	4
Improve Stigma Reduction	4
Changing Policies	5

Total Points: 13/15

Reasoning: The campaign scored a 4/5 on the support and empowerment category of Framework 2 because as a youth, I feel their online postcards gives young adolescents the chance to voice their opinion and thus, empower them. It scored another 4/5 on the improving stigma reduction category because their second campaign is specifically directed towards individuals who have felt the impact of stigma and who are willing to share those stories. Finally, “Shatter the Stigma, Mend the Mind” received a perfect score of 5/5 for the category of changing policies. Because the lead agency Pathstone Mental Health, operates under the Child and Family Services Act and is fully funded by the Ontario government, it is worthy of a high score because of the government’s role in tending to mental health initiatives.

“Elephant in the Room” Campaign

Based out of: Guelph, Ontario

Lead agency on the campaign: Mood Disorders Society of Canada



Creation of Campaign and Mission:
The Mood Disorders Society of Canada has grown to be one of Canada’s best-connected mental health non profit organizations. It enjoys partnerships in both the public and private sectors and is involved in work as a non-profit



organization. The Mood Disorders Society of Canada was founded in 1995. It was built from the need for a broad-based structure to better organize mental health services. The Mood Disorders Society of Canada strives towards eliminating discrimination against those who suffer from mental illnesses. It achieves this objective through the collaboration of like-minded organizations. Furthermore, “[The Mood Disorders Society of Canada] has taken a lead proactive role in public policy and program development in many capacities on the national stage” (The Mood Disorders Society of Canada, 2013).

Purpose of Campaign:

The purpose of the campaign “Elephant in the Room” is to eliminate the stigma often associated with mental illness. The campaign sets store in “taking action” against the stigma. Many people who suffer from mental illnesses say that the stigma is worse than the illness itself. The campaign relies on the overwhelming negative impact of stigma as validation for its mission.

Description of Campaign:

Elephant in the Room is a campaign that focuses vocalization of mental illness freely without the fear of being judged, or stigmatized. This generates productive and open conversation on a usually daunting subject. The signal for a safe place to hold these discussions is the display of a blue elephant. Despite its small size, small enough to fit in the palm of your hand, the little blue elephant is very powerful; it represents a place where you will not encounter stigmatization. This allows a liberating open discussion of mental illness without fear of judgement.

Result of Campaign

Framework 1: Contact Strategy

Framework 2: Table 1.1

Category	Point Value Assigned
Support & Empowerment	5
Improve Stigma Reduction	5
Changing Policies	3

Total Points: 13/15

Reasoning: The “Elephant in the Room” campaign received a 5/5 in the category of support and empowerment because I feel that the symbolism of the small blue elephant is a clever way to support mentally ill health individuals. It received another perfect score of 5/5 for the improvement of stigma reduction category because the elephant’s actual purpose is to encourage a non-stigmatizing safe space. Lastly, the campaign received a low score of 3/5 for their efforts in changing policies.

“11th Annual Faces of Mental Illness” Campaign

Based out of: Ottawa, Ontario
 Lead agency on the campaign:
 Canadian Alliance on Mental Illness
 and Mental Health



Creation of Campaign and Mission:

The Canadian Alliance on Mental Illness and Mental Health was established in 1998. It is an alliance of many organizations with one vision – to provide care to those who suffer from mental illnesses, and to their families or caregivers. Their mission is to “ensure that mental health is placed on the national agenda so that persons with a lived experience of mental illness and their families receive appropriate access to care and support” (Canadian Alliance on Mental Illness and Mental Health, 2013). The alliance has three principle commitments: Recognizing the important links between mental, neurological and physiological health; addressing mental health issues and their level of burden on society; and understanding that mental health treatments must be “timely, continuous, inter-disciplinary, culturally appropriate, and integrated across the full life cycle and the continuum of care” (Canadian Alliance on Mental Illness and Mental Health, 2013).

Purpose of Campaign:

The Faces of Mental Illness campaign is crucial to the success of Mental Illness Awareness Week, which will be occurring in October of 2013. The campaign offers excellent advertising for the Canadian Alliance on Mental Illness and Mental Health and its other programs. The stories selected individuals share with the public are informative, and more importantly motivational for those combatting a mental illness.

Description of Campaign:

The campaign selects five individuals from a pool of applicants and allows for them to share their story of mental health with the public. The organization then works with each individual to create profile videos. The individuals are actively engaged with the public and their stories are propelled in the world of social media. There are high expectations for the effectiveness of the campaign. It will hopefully bring attention to the seriousness of mental illness affecting 20% of the Canadian population.

Result of Campaign

Framework 1: Contact Strategy

Framework 2: Table 1.2

Category	Point Value Assigned
Support & Empowerment	5
Improve Stigma Reduction	4
Changing Policies	2

Total Points: 12/15

Reasoning: The “11th Annual Faces of Mental Illness” campaign received a full score of 5/5 for the support and empowerment of mentally ill individuals through actively engaging them in a competition. As for the improving stigma reduction category, they received a 4/5 because the chosen individuals get the opportunity to share their stories about the affect of stigma. Lastly, the campaign received a 2/5 in the category related to changing policies because the stories the applicants share are propelled into the world of social media the members of the government undoubtedly hear them, and hopefully, listen.

“Bell Let’s Talk” Campaign

Based out of: Central East Ontario
Lead agencies on the campaign: Bell Canada

**Creation of Campaign and Mission:**

In 2010, Bell announced they would launch a charity program dedicated to the promotion and support of mental health throughout Canada. The primary focus of the multi-million dollar initiative is to raise awareness on mental illnesses so as to eliminate stigma. Other aims included the promotion of access to treatment, care, and research for those who suffer.

Purpose of Campaign:

“One of the biggest hurdles to overcome for anyone facing mental illness is the stigma associated with it. It is the leading reason two-thirds of all of those living with a mental illness do not seek help” (Bell Let’s Talk, 2013). The purpose of the Bell Let’s Talk campaign is to reduce the stigma through a national conversation about mental illness and its massive impact in Canada.

Description of Campaign:

The setup of the Bell Let’s Talk campaign is Bell’s contribution of five cents to mental health programs, for every text message and long distance call made by Bell

customers. To further extend the contribution, they also agreed to donate 5 cents for every “retweet” of Bell’s Twitter account. Six-time Olympic medallist Clara Hughes is Bell Let’s Talk’s spokesperson. She has experienced the impact of mental illness first-hand and understands the importance of talking about mental health. She is already inspiring thousands of Canadians with her athletic career. Clara Hughes is the perfect person to lead the national conversation about mental health.

Result of Campaign

Framework 1: Contact Strategy

Framework 2: Table 1.3

Category	Point Value Assigned
Support & Empowerment	5
Improve Stigma Reduction	5
Changing Policies	2

Total Points: 12/15

Reasoning: The “Bell Let’s Talk” campaign received a full score of 5/5 for the support and empowerment category by not only empowering mentally ill individuals but also entities of all ages. Their texting campaign’s purpose was to raise awareness on mental illnesses; however, they also raised millions of dollars that they later donated to mental health programs. As for the improving stigma reduction category, they also received a 5/5 because for a whole day, mental health was all everyone was talking about because of Bell’s initiative. Finally they received a 2/5 for their efforts in changing policies because while they were informing the public, and therefore the government, about mental health, they were not working to specifically change policies.

United Kingdom Anti-Stigma Campaigns

“Time To Change” Campaign

Based out of: London, England
Lead agencies on the campaign: Mind
Charity and Rethink Mental Illness
Charity (combined effort)



let's end mental health discrimination

Creation of Campaign and Mission:

The Mind Charity and Rethink Mental Illness are two separate non-profits whose share the goal of ending the stigma and discrimination about mental health in England. They created Time To Change in a collaboration effort to make a difference in the world of mental health. Initially funded by the Big Lottery Fund and Comic Relief, Time to Change received a grant in 2007 guaranteeing four years of funding and took off from there. Backed by the knowledge, skills, and expertise of two organizations, Time To Change is England's biggest and best attempt to end the stigmatization surrounding mental health to date.

Purpose of Campaign:

As opposed to most campaigns whose focus is to change attitudes, Time To Change also focuses on changing behaviour. The purpose of Time To Change is to: "improve public attitudes towards people with mental health problems by 5%, reduce discrimination by 5%, reduce the number of areas of life in which people experience discrimination, increase the confidence and ability of people with mental health problems to address discrimination, and improve the social capital of people with mental health problems" (Time To Change, 2013)

Description of Campaign:

In the summer of 2009, Time To Change created a short film outlining the stigma surrounding schizophrenia – what is considered to be the most misunderstood mental illness. The short film begins with cinematography mimicking a horror movie; the camera is shaky, the music is suspenseful, and a woman is screeching in the background. The camera approaches a door and the horror music intensifies. In an ironic twist, behind the door is a friendly looking middle-aged man cooking in his kitchen with his wife. He says: "Hi there. I am sorry to disappoint you if you were expecting a lunatic with a knife on some sort of rampage. My name is Stewart and I was diagnosed with schizophrenia 12 years' ago. People like me with a diagnosis of mental illness face stigma and discrimination every day. Luckily for me I had the support from friends and family who help me lead a full life." The video is brilliantly designed to expose misconceptions of mental illness.

In 2010, Time To Talk decided to create a campaign to make society and individuals accept responsibility for their role in creating and perpetuating the stigma surrounding mental health. They carried out a social experiment in which volunteers uploaded ads on dating sites. First, they put up profiles without mentioning their mental health issue; next, they uploaded the same profile but added their condition. The results were predictable; there was a huge drop of interest on the ads where the mental health issue was mentioned.

In 2011 and 2012, Time To Change launched another campaign aimed at getting the people of England to converse about mental health. The organization launched a show called "It's Time To Talk". The program was aired on several media stations. Frank Bruno, former professional boxer, and his daughter went on the show and spoke about the impact mental health had on their lives. As a result of this

campaign, over 4,000 people pledged to talk about mental health. The Time To Change campaign gained attention; its website gained 153,000 new visitors seeking information on mental health and upcoming campaigns.

Result of Campaign

Framework 1: Protest Strategy

Framework 2: Table 1.4

Category	Point Value Assigned
Support & Empowerment	5
Improve Stigma Reduction	5
Changing Policies	3

Total Points: 13/15

Reasoning: The campaign “Time to Change” received a score of 5/5 for the support and empowerment category of Framework 2 because as a youth, their many campaigns had a way of empowering mentally ill individuals. The improving stigma reduction category received a full score of 5/5 also, because I felt that especially their video on the man named Stewart was effective in reducing the stigma associated to mental illness. Finally, they received a 3/5 for their efforts in changing policies because while I believe they are aware of the policies that need to be changed, they have yet to make any distinguished efforts.

“See Me” Campaign

Based out of: Edinburgh, Scotland
Lead agencies on the campaign:
Highland Users Group (HUG),
Penumbra, Royal College of
Psychiatrists – Scottish Division,
Scottish Association for Mental
Health (SAMH), and Support in
Mind Scotland. Fully funded by
the Scottish Government.



Creation of Campaign and Mission:

See Me is an alliance of five Scottish mental health organizations. Each member organization sends one representative to be part of See Me’s Management Group. The Management Group holds meetings quarterly where they discuss and agree upon the direction of the campaign, future plans and budgets, and sign off on reports and finances. Aside from the meetings, the Management Group is in constant contact via email and phone calls or conferences.

The campaign is fully funded by the Scottish Government in an effort to improve mental health and well-being commitments, and has a full time staff of 8 members.

These individuals work on a daily basis to organize conferences and meetings across the world. They recruit and train volunteers, encourage and run local campaign activities, run a website, and provide information to the media. See Me's full time staff is constantly brainstorming new campaigning ideas to further their efforts to improve mental health across Scotland.

Purpose of Campaign:

See Me has three major aims for their campaign. They hope to improve the public's understanding of what it means to be mentally ill, and to significantly decrease the stigma that goes along with mental health by the end of March in 2014. They also aspire to assure those who suffer from mental health problems treated with respect and equality. Lastly, they want to acquire more support for the See Me campaign. Increased member commitment would signify the reduction the stigma and discrimination commonly associated with mental health in Scotland.

The purpose of the campaign is to tackle the stigma and discrimination attached to mental illnesses. Despite being common, there is still a large taboo and negative reaction towards people who suffer from mental illnesses. See Me's overarching goal is to rid the conditions of the stigma, and help people understand mental illnesses instead of snap-judging it.

Description of Campaign:

See Me has two campaigns working to support those with mental illnesses; a creative writing contest and a photography competition. For both contests, participants were asked to express the abstract theme "support" in their work in the most creative way possible. "Support" as a theme is an effort to make enlighten people of how important support is for someone suffering from a mental illness. Support can make all the difference in treatment and day-to-day life. This is especially true given that stigmatization is a relevant issue and problem in the world of mental health.

Result of Campaign

Framework 1: Education Strategy

Framework 2: Table 1.5

Category	Point Value Assigned
Support & Empowerment	5
Improve Stigma Reduction	5
Changing Policies	4

Total Points: 14/15

Reasoning: The "See Me" campaign received a 5/5 in the support and empowerment category because their two main campaigns of creative competitions empower youth to express their support for mental health through artwork. Additionally they received another perfect score of 5/5 through their efforts to improve stigma

reduction by way of encouraging support, which can make a huge difference in the way the public perceives mental health. Lastly, they received a high score of 4/5 for changing policies because of the fact that their funding comes entirely from the Scottish government, and thus, they are making efforts to improve the nation's mental health plan.

American Anti-Stigma Campaigns

"Silver Ribbon Coalition" Campaign

Based out of: La Habra, California
Lead agencies on the campaign: Brain & Behaviour Research Foundation (formerly NARSAD)



Creation of Campaign and Mission:

NARSAD is the world's leading donor-supported organization. Its mission is to fund innovative scientific research to find the causes treatments and cures for serious brain disorders. Since 1987, NARSAD has donated nearly \$200 million in research grants to scientists. The recipients of their grants research a variety conditions including anxiety, depression and schizophrenia. The Silver Ribbon Coalition Campaign was initially organized by NARSAD as a public service. The goal was to educate individuals on specific brain disorders, but has evolved into a more ambitious one; removing the stigma surrounding mental illness. Participation in the campaign is wearing a physical silver ribbon to show support for mental health initiatives.

Purpose of Campaign:

The Silver Ribbon Coalition Campaign has several goals. They are working to "eliminate and reduce the stigma associated with mental illness through an education and public awareness campaign. [They want to] create a climate within the school that will promote acceptance of students with mental health problems. [They will] provide educators with appropriate support and materials to implement an awareness program about mental illness." (Silver Ribbon Campaign, 2013)

Description of Campaign:

The Silver Ribbon Coalition spreads awareness about people affected by brain disorders or disabilities, and speaks out against the stigma. Being involved in the Silver Ribbon Coalition Campaign only requires wearing a silver ribbon to represent

your support. Support is for their mission to rid the stigma surrounding mental illnesses, and to further advance the research in the area of mental health, to help those in need.

Result of Campaign

Framework 1: Education Strategy

Framework 2: Table 1.6

Category	Point Value Assigned
Support & Empowerment	4
Improve Stigma Reduction	4
Changing Policies	3

Total Points: 11/15

Reasoning: “The Silver Ribbon Coalition” campaign scored a 4/5 for their support and empowerment towards the mentally ill. The ribbon idea provided individuals with the opportunity to empower others through the symbolic symbol ribbon of support. They scored a 4/5 for improving stigma reduction because by wearing a ribbon, they were showing their support for the elimination of the stigma associated to mental health. Finally, they received a 3/5 for the changing policies category through by raising awareness.

“Erasing the Distance” Campaign

Based out of: Chicago, Illinois
 Lead agencies on the campaign: Arch W. Shaw Foundation, The John and Kathleen Schreiber Foundation, The Kiran Bavikatte Foundation, The Richard H. Driehaus Foundation, MacArthur Foundation, I.A. O’Shaughnessy Foundation, and Illinois Children’s Mental Health Partnership.



Creation of Campaign and Mission:

Erasing the Distance is a non-profit organization founded in 2005. It uses the power of theatre performance to disarm the stigma surrounding mental health. The shows focus on various mental health topics. Over 40,000 people of all ages have attended these theatre performances. Their mission is to become “a national creative leader in generating insight and compassion around issues of mental health” (Erasing the Distance, 2013).

Purpose of Campaign:

Erasing the Distance stresses that the purpose of their campaign is not to provide treatment or diagnose individuals with mental illnesses. Instead provide a valuable service; listening to their stories. Once the Erasing the Distance team has heard a story, they reformat it as a monologue. Actors later perform the monologue based on the actual story. The purpose of the campaign is to educate the public on a variety of mental illnesses, based on true stories.

Description of Campaign:

Erasing the Distance's campaign "gathers, transcribes and sculpts true stories from people impacted by mental health issues into theatrical pieces for the stage" (Erasing the Distance, 2013). The actors present professional productions to the general public, based on true stories submitted by people affected by mental illness. In addition to being entertaining, the productions are educational and meaningful because they are founded in truth. Every performance is followed by an interactive dialogue with the audience where people are encouraged to ask questions and discuss the play's themes. This allows the audience to identify the mental illnesses and its symptoms, and discuss the present resources and recovery options. The anonymity of the person who submitted the original story is always protected.

Result of Campaign

Framework 1: Contact Strategy

Framework 2: Table 1.7

Category	Point Value Assigned
Support & Empowerment	4
Improve Stigma Reduction	5
Changing Policies	3

Total Points: 12/15

Reasoning: The "Erasing the Distance" campaign received a 4/5 for the support and empowerment category of Framework 2 because through their engaging plays, they are empowering youth. The campaign was worthy of a perfect score of 5/5 because the theatre dramatically attempted to reduce the public's perception of mental illness stigma through their acting. Lastly, they received a 3/5 for the changing policies category because while they recognized the necessary policy changes, they have yet to actually change anything.

"No Kidding, Me 2!" Campaign

Based out of: State College, Pennsylvania

Lead agencies on the campaign: Joe Pantoliano

Creation of Campaign and Mission:

Shortly after winning an Emmy award for his role on *The Sopranos*, Joe Pantoliano picked up a new script for the movie *Canvas*. In this movie, his role was of a husband who must cope with his wife's mental illness – schizophrenia. After hours and hours of rehearsing lines, Joe began to have daydreams about his childhood. He began to note the similarities between his real-life birth mother and the wife of the man he was portraying. To add to the prevalence of mental health in his thoughts, a close friend of his committed suicide a few days before they started shooting the film- just days after they had been discussing Thanksgiving plans. Joe came to an important realization; mental illnesses are overwhelmingly present in today's society. He felt something ought to be done about it. Mr. Pantoliano founded the public charity and organization "No Kidding, Me Too!" to educate people on the ordinariness of mental illness and attempt to de-stigmatize it. Joe wants people to be capable of speaking about mental illnesses casually, without fear of being judged.



Purpose of Campaign:

The purpose of the campaign is to remove the taboo on mental illness in normal conversations between Americans. The purpose of the campaign is to educate the public about the "wonderful possibilities that exist when we break down the societal barriers which hold us all back because we treat those afflicted with mental illness differently" (No Kidding, Me Too! 2013).

Description of Campaign:

This past April, there was a screening for the documentary "No Kidding, Me 2!" starring Joe Pantoliano. The documentary was educational, and provided the public with an entertaining yet realistic idea of what it is like to live with a mental illness.

Result of Campaign

Framework 1: Educational Strategy

Framework 2: Table 1.8

Category	Point Value Assigned
Support & Empowerment	3
Improve Stigma Reduction	4
Changing Policies	3

Total Points: 10/15

Reasoning: The campaign "No Kidding, Me 2!" received a 3/5 for their empowerment and support through the launching of an educational documentary starring Joe Pantoliano. The campaign received a 4/5 on improving stigma

reduction because the educational documentary undoubtedly sets facts straight and will hopefully change the public's opinion of those who suffer from mental illness. Lastly, they received a 3/5 for their efforts in changing policies because of how informative the documentary was.

Australian Anti-Stigma Campaign

"Beyond Blue" Campaign

Based out of: Victoria, Australia
Lead agencies on the campaign:
Federal, State and Territory
Government of Australia



Australian Government



Creation of Campaign and Mission:

Beyond Blue established a national five-year plan to create a response to mental illnesses in October of 2002. Based on the content of the World Health Organization's projections of the burden mental illnesses will impose on the world by 2030, Jeffrey Kennett AC and his staff of 9 people created the organization Beyond Blue. The organization grew rapidly and gained funding. This allowed for the implementation of more mental health programs. Beyond Blue's mission statement is to "reduce the impact of depression and anxiety in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery, management and resilience" (Beyond Blue, 2013).

Purpose of Campaign:

The purpose of the Beyond Blue campaign is to collaborate with those suffering from mental illnesses and their families to generate better outcomes from mental health services. Beyond Blue advocates for improved access to treatments and mental health services with the support of professionals.

Description of Campaign:

One aspect of the campaign was to undertake a qualitative research study with over 300 participants. The objective was to observe the lifestyle of a person who has experienced an anxiety disorder or who has cared for someone afflicted. Such research studies are important because the observations can contribute to the development of new programs. This in turn could prevent such diseases and the

stigmas that go along with them. Research is a crucial starting point for this chain of events.

Result of Campaign

Framework 1: Contact Strategy

Framework 2: Table 1.9

Category	Point Value Assigned
Support & Empowerment	3
Improve Stigma Reduction	2
Changing Policies	5

Total Points: 10/15

Reasoning: The campaign “Beyond Blue” received a 3/5 on the support and empowerment category of Framework 2. Their efforts to empower individuals through the conducting of an intense qualitative research study were partly beneficial to support those who suffer from mental illnesses. Next, they received a 2/5 on the improve stigma reduction category because though the campaign wants to make a change regarding the associated stigma, they have yet to do so. Finally, they received a high 5/5 for the category of changing policies through the establishment of a national five-year plan to respond to mental illnesses.

Results of International Anti-Stigma Campaigns

These campaigns and other international efforts to reduce mental health stigma are well intentioned. They work tirelessly to make a difference in the mental health field on a global scale. However, the recently created mental health metric has indicated that none of the aforementioned campaigns is entirely effective. The ten chosen campaigns all scored at least a 10 out of 15 or higher. Most unique, differing from one another in their goals and methods. Yet, none had the capability of attaining a perfect score. Below are the final point values assigned to each of the campaigns for Framework 2:

Campaign Name	Point Value Assigned
Shatter the Stigma, Mend the Mind	13/15
Elephant in the Room	13/15
The Faces of Mental Illness	12/15
Bell Let’s Talk	12/15
Time to Change	13/15
See Me	14/15
Silver Ribbon Coalition	11/15
Erasing the Distance	12/15

No Kidding? Me Too!	10/15
Beyond Blue	10/15

In order to verify that the point system accurately depicts the success of the campaign, I have conducted interviews with three of the ten campaigns' spokespersons. Only one of the campaign's score changed upon learning new information about the campaign in the category of "changing policies". It was illuminating to hear what the representatives considered to be an appropriate score for their campaign.

Interview Process

Dave Gallson from Mood Disorders of Canada

Elephant in the Room campaign

Dave Gallson is the Associate National Executive Director of Mood Disorders Society of Canada. In addition to playing a significant role in the success of the Elephant in the Room campaign, he is Co-Chair of the Canadian Alliance on Mental Illness and Mental Health.



Success

"What made the Elephant in the Room campaign a success was that it was community founded, oriented, and driven; done by the community for the community". Dave Gallson stressed that the Elephant in the Room campaign was immediately successful because the community as a whole was dedicated to eradicating the stigma associated to mental illness.

Challenges

Gallson explained that because the Elephant in the Room campaign took off so quickly, it became a challenge to keep up with its popularity. Such challenges included supplying the necessary campaign resources like personalized posters for organizations and companies to use as promotion. Most importantly though, is the campaign's supplementation of the small blue elephants that represent their efforts in reducing the stigma surrounding mental illness. Gallson expressed that the Elephant in the Room campaign's headquarters is steadily producing small blue elephants for organizations, companies and schools who are demanding them.

Advice

When asked if he would have liked to have had received any advice, Dave Gallson said no and went on to explain that he feels no regrets for the campaign. It was evident that he was thrilled with how well received it was by the public. Gallson stressed that not only was he pleased the public liked the campaign but that the

campaign was doing its mission by attempting to rid the stigma associated with mental health so as to better the lives of those who suffer from mental illness. He explained how incredible it was to watch the Elephant in the Room campaign take off and watch many co-workers put in long days simply because “that is where their hearts are”.

Metrics to Measure Success

Gallson explained that like me, they had difficulties finding one way to measure the success of the Elephant in the Room anti-stigma campaign. Instead of frameworks though, they used several indications to determine the campaign’s success. A main metric to measure success, he said, was the feedback they received from employees and employers about the campaign. From these results, they were able to gain a general consensus of how well they were doing in terms of actually reducing the stigma in the workplace and in the community. Other indications included:

- The demand for elephants, posters, and brochures
- The number of hits on their official website
- The Facebook outreach in terms of likes and shares on their page
- Tracked interchanges about the Elephant in the Room campaign on other social media sites like Facebook and Twitter
- The number of parliamentarians who are willing to speak at events on behalf of the Elephant in the Room campaign
- The amount of media coverage, clippings and press interviews received

Assigned Score and Readjustments

Originally, the Elephant in the Room campaign received a total score of “11/15” on the second framework that I adopted to benefit my report. The last part of the interview was to explain my metric and ask the spokesperson for the campaign if they agree with the score they received or believe it should be altered. Dave Gallson agreed with the scores the campaign received in the first two categories of “support and empowerment” and “improving stigma reduction,” however, he firmly believed that the Elephant in the Room campaign deserved a better score in the category of “changing policies”.

After receiving a thorough explanation of why the campaign deserves a higher score for their efforts in changing policies, I have decided to give them a “3/5”. Gallson explained that the campaign’s efforts did an excellent job of promoting the acceptance of mental illness, by acknowledging it and then accepting it. He elaborated on the difference between the two explaining that it is only with open discussions that one can feel comfortable enough to admit they need help overcoming a mental illness. Gallson explained that through the promotion of their campaign, parliamentarians have come to realize this is as well, and this is the first step towards changing mental health policies.

Gallson believes that when it comes to reducing the stigma associated to mental illness, it is the combined efforts of all anti-stigma campaigns that are going to be the

reason the policy changes. He expressed that the need for change in policies is necessary but that changing policies is a lengthy process that can take up to 15 years and we must be patient. He went on to say that while we are only at the beginning of the process of changing policies in mental health, we are indeed making progress, slowly but surely. The last four to five years have brought much advancement to the mental health field in terms of raising awareness to parliamentarians of the need for change and also in effectively reducing the stigma in communities. Gallson said that so long as we continue making the same efforts, eventually, campaigns like the Elephant in the Room will be the reason policies are successfully changed.

John Higenbottam – CAMIMH

11th Annual Faces of Mental Illness campaign

Dr. John Higenbottam is a clinical psychologist in British Columbia, as well as a health care consultant and the Chair of Department of Psychology at Douglas College in New Westminster. Most relevant to this interview though is his involvement as Co-Chair of the Canadian Alliance for Mental Illness and Mental Health, Canada's major alliance of mental health professionals where they annually launch the "Faces of Mental Illness" campaign.



Success

The 11th Annual Faces of Mental Illness campaign was successful because of the actual face component. "Real people are the stars of this campaign," said John Higenbottam "they are everyday Canadians – doctors, lawyers, and politicians". The whole campaign revolves around making people aware of the faces of mental illness, and just how prevalent it is in our society. The de-stigmatizing element is the most important part of this campaign, said Higenbottam.

I asked John Higenbottam what was involved in the process of choosing only five faces from their large pool of applicants. He said that they cast the campaign across Canada through their member organizations in an effort to acquire nominations. Higenbottam said the process is a lot like applying for a job; there is a selection committee – of which he sits on – and the applicants are rated in a variety of different categories. Then, the winners go on to create video profiles that are shown to the public in an effort to eliminate the stigma surrounding mental illness.

Challenges

There are two challenges that the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) faced in the past. Particularly in the early days, funds were an issue. The 11th Annual Faces of Mental Illness is a big campaign that therefore requires adequate funding for publicity; Higenbottam said it took years to build the

sponsor base they now have with Bell acting as chief sponsor. This sponsorship did not come easily, he said, it took the right timing and the right connections.

Another challenge they faced was in differentiating their two awareness weeks. The first one is done by CAMIMH in the fall and is called “Mental Health Awareness Week”. The second one is done by the Canadian Mental Health Association (CMHA) in the spring and is called “Mental Health Week”. However, because CAMIMH wanted to sustain their campaign throughout the year, they added their Champion’s Gala, which occurs in the spring, as well. This is where they announce the chosen faces for the upcoming campaign. While the two weeks are entirely separate and sponsored by different companies, it is easy to see how they are sometimes confused for being the same considering their very similar titles and months in which they occur.

Advice

When asked what he would do differently a second time around, John Higenbottam admitted they should have considered the campaign as a year-round initiative, rather than a week long one. He said it would have been effective from the beginning to sustain each person’s profile and keep the momentum going throughout the entire year. Higenbottam said that they knew they needed to make it more sustainable, and their leading sponsor Bell agreed. As a result, Bell provided the necessary funding to allow the campaign to span a longer period of time throughout the year.

Metrics to Measure Success

“There are these huge campaigns that exist, and there is no science behind them in terms of what works and what doesn’t work”. While John Higenbottam believes that the Faces campaign is making a difference in the mental health field, he admits that there is no direct evaluation or proof of such happenings. There are, however, informal ways they use to measure the campaign’s success, he says. Namely feedback from their membership networks, and also the amount of politicians they attract to their events. “Any evidence we have is anecdotal,” he says, and continued to speak to the fact that we need a better, more solid metric to evaluate such an important issue in the lives of many.

Assigned Score and Readjustments

John Higenbottam agreed with the score I assigned to the 11th Annual Faces of Mental Illness campaign. Receiving a total score of 12/15, he admitted that the campaign’s downfall was their lack of efforts in the changing policies category. Higenbottam also said that that was a major reason the Mental Health Commission of Canada was implemented – as an effort to raise awareness and change policies. He said that the only way we can actually reduce the stigma surrounding mental illness is by changing policies, and so it is absolutely critical that that happens. To date, CAMIMH is working on pushing the government to develop an information system that would be available to the country. Higenbottam firmly believes that in order to change people’s attitudes about mental health, we have to change their

behavior by bringing them together, and fortunately, the Annual Faces of Mental Illness campaign is doing just that.

Jeff Borenstein- Brain & Behaviour

Silver Ribbon Coalition campaign

Jeff Borenstein is a board-certified psychiatrist with more than twenty years experience in health and non-profit leadership. After many other efforts made in the mental health field, Jeff accepted the position of CEO and President of Brain & Behaviour, the organization who chiefly sponsors the Silver Ribbon Coalition campaign.



Success

The Silver Ribbon Coalition campaign was initiated to raise awareness and reduce the stigma surrounding mental illnesses and because it has done just that, has been successful. Jeff Borenstein spoke about how the silver ribbons were a way to focus people's attention on ridding the stigma associated to mental illness and the need to do so.

Challenges

Perhaps the greatest challenge the Silver Ribbon Coalition campaign is facing is a future initiative they are trying to secure, said Borenstein. They are in the process of trying to acquire a United States postage stamp with a ribbon on it to support their campaign's mission. To date, they have engaged two members of congress on this project and are working to have it implemented.

Advice

The advice that Jeff Borenstein said would have been most beneficial for him would have been how to engage the largest audience in their campaigning efforts. He would have liked to have known that it takes a lot to kick off a campaign and that any form of media is helpful, whether it be through mass emails or coverage in newspapers. He said that while the campaign was successful, a broader audience could have been more beneficial, and it would have been great to be told how to acquire such an audience.

Metrics to Measure Success

A metric they used to measure the success of the Silver Ribbon Coalition was simply how many ribbons they distributed and the number that was worn in relation. Considering the campaign revolves around the sporting of these ribbons, it seemed like a logical way to measure the Silver Ribbon Coalition's success.

Assigned Score and Readjustments

After explaining to Jeff Borenstein the reason in which the Silver Ribbon Coalition scored an “11/15” on framework two, he admitted that he agreed with me and that I was “right on target” in terms of evaluating the campaign’s success.

Recommendation for Eliminating the Stigma

Step One: Recognizing the Issue

The first most necessary step that needs to be taken is the recognition of the issue at hand, namely the stigma associated to mental illness. Fortunately over the last decade, many organizations have come to recognize stigma as a major public health challenge. “The growing support for stigma reduction is also evident in the number of government declarations, mental health system reviews, and action plans that have highlighted the disabling effects of stigma and the importance of reducing discrimination” (Stuart, 2008). The need to eliminate the stigma surrounding mental illness is becoming a very popular concept, and it is perhaps due to the efforts being made by large-scale nationally coordinated anti-stigma initiatives, such as the ten campaigns previously described.

Step Two: Acting on the Issue and the Application of Framework Two

Following recognizing the issue, it is crucial that the problem be acted upon immediately. My recommendation is to concentrate on the three categories outlined in framework two. In order for a campaign or any anti-stigma initiative to be successful, they must pay careful attention to supporting and empowering those who suffer from mental illness, reducing the stigma associated with mental health, and finally, changing the policies in order to permanently eliminate the issue.

Step Three: The Need for Knowledge on the Creation of an Evaluation System

“In contrast to the growing interest in stigma reduction, and a rich theoretical literature pertaining to stigma and discrimination, the evidence base needed to support stigma change is underdeveloped” (Stuart, 2008). The lack of metrics to measure the success of anti-stigma campaigns has been a predominant and on-going issue of mine, and of many others who are involved in the mental health field, for quite some time. The need for more knowledge on the matter is absolutely critical to the creation of an evaluation system to assess the success of anti-stigma initiatives. With an increase in knowledge on effective ways to measure anti-stigma campaigns’ success, mental health professionals can develop a specialized tool to support the efforts that have been underway for some time.

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