

rethink



breaking prejudice

# About Rethink

Rethink, the leading national mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life. We provide hope and empowerment through effective services and support to all those who need us, and campaign for change through greater awareness and understanding.

**“I wish there was a casual way of talking about it. You want to tell people you have schizophrenia but it’s a pain when you do. You are preparing a sentence and there’s going to be an impact and the room is going to hush.”**

Service User, Northern Ireland

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# Introduction

The stigma faced by people with a mental illness has been described as “the second illness”.<sup>1</sup> This stigma and discrimination can create social isolation, reduce opportunities and make recovery from mental illness more difficult.

**“Because you have a mental illness, people think you’re not capable of doing things that everybody else can do. They just look at you and treat you different.”**

Service User, Northern Ireland

Tackling mental health stigma is an important way to improve the lives of people with mental health problems. Stigma was the most often cited problem by respondents to a Government consultation.<sup>2</sup>

So what can we do about it? Our approach must be multi-faceted, tackling public attitudes, the policy and practice of Government and public services and the empowerment of the community as a whole. In particular, we need:

- anti-stigma marketing campaigns that make a real difference to public attitudes and behaviour
- national policy change by Government to eliminate discrimination
- a mental health civil rights movement which empowers people to take action and demand these changes

To ensure that this work is effective, it is important to look carefully at what works in combating stigma. How can we reach the public with effective messages to change negative attitudes and behaviours? This report looks at the evidence for effective anti-stigma marketing campaigns, in particular Rethink’s experience in Norwich and Northern Ireland.

1. Finzen, A. (1996). Der Verwaltungsrat ist schizophren. Die Krankheit und das Stigma. Bonn: Psychiatrie-Verlag.

2. Social Exclusion Unit, Social Exclusion and Mental Health, ODPM 2004.



## Anti-stigma marketing campaigns: what works

Two large-scale public facing anti-stigma campaigns have provided considerable evidence as to what works in tackling stigma around mental health at a national level. In New Zealand, *Like Minds Like Mine* was initiated in 1997 in response to a public enquiry into mental health services which recommended a public awareness campaign to tackle stigma. In 2002, *See Me Scotland* was launched with the aim of ending the stigma and discrimination of mental health. Both campaigns use a national publicity strategy, based upon a social marketing approach, combined with events at a local and national level to tackle stigma and discrimination.

At the same time there has been an increased interest in stigma and discrimination within the academic research community with lots of studies exploring how stigma and discrimination processes work, the consequences and best ways to address them.

### Pilots in England

Government funding for anti-stigma campaigns in England has lagged behind Scotland and New Zealand. Government funding for anti-stigma work in England is eight times less per head than that in Scotland and 25 times less per head than that in New Zealand.<sup>2</sup>

Building on over 30 years of anti-stigma work, in 2005 the Rethink strategic plan placed anti-discrimination activities at the heart of all our work. As part of this, it agreed to pilot a co-ordinated campaign in two geographical areas to test the current evidence base on 'what works'. Norwich and Northern Ireland were chosen as the pilot sites. This work is now forming the basis of the anti-stigma marketing campaign led by Rethink as part of the Time to change programme.<sup>3</sup>

### Social marketing approach

The Norwich and Northern Ireland campaigns followed a social marketing approach which is intended both to raise awareness and to change behaviour. In our pilots we applied this model using multi-level interventions addressing the public through advertisements and targeted local activities.

### The voice of service users and carers

Since stigma is a de-humanising process that stereotypes and labels people, challenging this stigma needs to be a restorative and positive process. Service user and carer involvement was, therefore, an essential part of the campaign in both Norwich and Northern Ireland. Service users and carers were central to steering the campaign through its committee.

Media volunteers, with experience of mental illness, were encouraged to provide their distinctive voice in the media during both campaigns. Rethink provided training and support for service users and carers to do this. This was particularly important in Northern Ireland because of the history of conflict there which can make media spokespeople feel exposed and vulnerable.

### Evaluation

Both pilots were run with the specific intention of adding to the knowledge about what works in anti-stigma campaigns. They were therefore evaluated fully, to help to build the English and Northern Irish evidence base.

3. Time to change is an ambitious programme involving anti-stigma marketing, targeted audience training, run by Rethink, Mind, Mental Health Media and the Institute of Psychiatry. It was launched in October 2007 with the working title of Moving People ([www.time-to-change.org.uk](http://www.time-to-change.org.uk)).

## The Norwich campaign

Norwich was chosen as the first site for an anti-stigma pilot in March 2006. Levels of mental health need in Norwich are high. More anti-depressants are prescribed in Norwich than anywhere else in Central or Eastern England. Norwich traditionally has had a higher suicide rate than the national average and has the “unenviable position as a centre of high rates of self harm”.<sup>i</sup>

Norwich has a strong Rethink presence, providing support to service users and carers. Norwich also has a strong sense of regional identity with a centre where events could be staged.

### The objectives and messages of the campaign

- To raise awareness of severe mental illness and the effects of stigma
- To raise awareness of Rethink as an organisation able to provide specialist services for service users and carers

The campaign strategy prioritised targeted public advertising, promoting three key messages:

- 1 in 4 people experience a mental illness
- People with mental health problems are more likely to be victims of violence. Let's Rethink. Let's stamp out stigma
- 75% of people know someone who has been diagnosed with a mental illness. Let's Rethink. Let's stamp out stigma

These messages were communicated through both a public facing approach, involving paid for advertising and PR, and local activities.

### a) Public facing approach

#### Poster and radio advertising

Poster and radio advertising focused around three statements:

- “Call me mad because I believe Norwich City will get promoted. Not because I have schizophrenia”
- “Think I'm strange because I like homework. Not because I have a mental illness”
- “See me differently because I'm tall. Not because I have schizophrenia”

Posters were placed on buses, bus stands and rail stations. The radio adverts were aired over 1000 times by two local stations.



i. The Health of Norwich: Annual Report of the Director of Public Health 2004.

### Churchill statue

To draw media and public attention to the campaign and increase its reach, Rethink placed a statue of Winston Churchill in a strait-jacket in a square in Norwich. The statue was intended to highlight the stigma faced by people with a mental illness: people with mental illness live in a strait-jacket of stigma. The statue was removed after three days when it was banned by the owners of the Forum where it stood.

### Rethink web site

The Rethink web site carried materials and further information to support the campaign.

## b) Local events

A series of local events were run as part of the campaign. These provided an opportunity to interact with the public and target messages in a more focused way than is possible from public advertising.

Stalls were placed in the Norwich Forum over 10 days, a central and busy public space in Norwich city centre. These stalls promoted mental health organisations working in Norwich, including Rethink services, Mind services, Combat Stress, and the local Mental Health Trust. A mental health display was also placed in the Millennium library for two weeks. Visitors to the stands met mental health service users, carers and staff to find out more about the Norwich campaign and mental health issues more generally.

A book launch for *From Goldfish Bowl To Ocean; Personal Accounts of Mental Illness and Beyond* by Zoe McIntosh at Borders bookshop on 15th March was held.

Fundraisers went onto the streets and door-to-door to raise money for Rethink and build mental health awareness.

Leaflets were delivered to 94 GP practices across Norwich raising awareness of GP responsibilities towards people with mental health problems, particularly regarding physical health checks included within the GMS contract.





## Impact of the Norwich campaign

Two telephone surveys were carried out by a market research agency, before – with 104 respondents – and after the campaign – with 125 respondents. The surveys sought to assess how far the two main objectives of increased awareness and improved attitudes had been achieved.

### Awareness of mental health problems:

Respondents were asked to rate their own understanding of mental health problems from 1 (lowest) to 10 (highest). There was an increase in those who rated their understanding as 5 or higher, from 61% to 81%.

People also rated their understanding of specific mental health problems higher after the campaign. More people were able to name a mental health problem. Without prompting, those who named depression increased from 50% to 69% and those who named schizophrenia increased from 56% to 67%. Those who answered that they didn't know of any fell from 14% to 2%.



Churchill and Ian Gibson, Labour MP.

The surveys also indicated that the campaign was instrumental to this increased awareness. Respondents were asked where they got information about mental illness. Following the campaign, more people received information from the news (29%-38%), radio (0%-5%), and newspapers (0%-4%). There was also a 19% increase in those who said that their knowledge came from personal experience (40%-59%). This is important as it suggests that people felt more able to disclose their personal experience of mental illness after the campaign.

### Attitudes towards people with mental health problems

Respondents were asked whether they agreed or disagreed with a series of negative statements about people with mental illness. The results show a positive change after the campaign. There was a particularly significant shift in those who felt that people with mental health problems should not be allowed to do important jobs. This may be linked to the Churchill statue.

The respondents were also presented with a description of a woman experiencing mental health problems and asked a series of questions. Following the campaign, fewer respondents thought she was likely to harm herself or others, and more were optimistic about her future.

### Awareness of the campaign

The surveys showed that people were aware of the campaign. Following the campaign, more people said that they had seen any advertising or promotion around mental health issues in the past four weeks (16% to 41%). 33% said they had seen posters in the previous 4 weeks (21% before the campaign). 26% had seen TV coverage of mental illness and 21% had seen newspaper coverage (16% before the campaign for both TV and newspaper). 15% had seen charity promotion of mental health issues (5% before campaign).

	% agreeing before campaign	% agreeing after campaign	Change?
If I was experiencing mental health problems I wouldn't want people knowing about it.	63% (40% agreed strongly)	52% (22% agreed strongly)	Positive change
The public should be better protected from people with mental health problems.	31%	28%	Positive change
People with mental health problems are often dangerous.	33%	21%	Positive change
People with mental health problems should not be allowed to do important jobs such as doctors, nurses, etc.	43%	30%	Positive change

### Awareness of specific messages

Without being prompted, those people who had seen Rethink promotional materials, were asked to identify the key messages. The most commonly identified messages were: "Mental illness can happen to anyone" (13%); "people who experience mental illness can sometimes appear different but are ordinary people" (10%); "people can and do recover from severe mental illness" (10%); "people with mental health problems can do any kind of job" (10%); and "people with mental health problems are not dangerous" (9%).

### Churchill statue

The Churchill statue attracted particular attention during the campaign. 21% said that they had seen the Churchill statue. 80% had heard of the statue when prompted. However, most people did not know that the statue was a Rethink promotion.

Though the statue was criticised in national media, the survey showed that most people were not offended by it. When respondents were told what Rethink felt was the key message of the statue, 42% said they thought that Rethink had succeeded in promoting that message (42% also felt they had not succeeded). 59% of respondents felt it was OK for Rethink to have put the statue up (34% thought it was not OK, 7% did not know). 49% felt it was wrong to take it down (40% said it was right to take it down, 11% did not know). 52% thought it was acceptable for charities to use controversy to promote a campaigning message (only 10% said that it was not OK to do so).

Additional feedback on the Churchill statue showed mixed views. 122 emails were received by Rethink, 97 of which were negative about the use of the statue. A comment book placed at the Norwich Forum showed predominantly supportive comments.

### Media coverage

There was considerable media coverage of the campaign, especially through the Churchill statue. In March 2006, during the campaign, there were a total of 224 pieces of coverage involving Rethink. Of these, 172 were of the anti-stigma campaign. The Churchill statue received coverage in 160 pieces, including in print, TV, radio and online. As mentioned above, this coverage became more negative the further it was away from the local area.

The statue caused considerable controversy and media attention, both locally and nationally. A key part of this controversy followed comments made by Churchill's family who did not approve of the statue. As a result of this controversy, coverage of the statue reached much further than Norwich, attracting considerable news attention nationally and internationally.

The statue appeared to polarise views, attracting both condemnation and considerable support. Interestingly, on a local level, news coverage tended to be positive towards the statue. Nationally, coverage was much more negative and internationally there was no positive coverage of the statue. This may indicate that within the context of the local campaign, people were able to grasp the message of the statue more easily. Without this context, people were more likely to be offended by it.

# The Northern Ireland campaign

## Why Northern Ireland?

Northern Ireland has a higher rate of mental health problems than England and Wales.<sup>ii</sup> In March 2006, the Health Promotion Agency carried out a large-scale survey in Northern Ireland, which looked at attitudes towards mental health. It found high levels of stigma around mental health.

### Campaign objectives and key messages

The anti-stigma campaign in Northern Ireland ran throughout January 2007. The primary objectives of the campaign were to:

- increase awareness and understanding of mental health problems
- make people think again, and more favourably, of people with mental health problems

The campaign had a number of secondary objectives, including to:

- create a measurable and positive shift in public attitudes
- raise awareness of Rethink
- raise support for increased investment in mental health in Northern Ireland
- promote early intervention and recovery messages
- make stigma and mental health a human rights issue, not just a health issue

### Rethink web site

There was a campaign website and all promotional literature and advertising was promoted at [www.rethink.org](http://www.rethink.org). The campaign site carried a full range of information on the different elements of the campaign with all marketing materials downloadable from the site. All printed materials carried the theme from the TV advert, both in terms of message and visual identity.

The campaign focused on promoting four key messages:

- ‘one in four people will experience a mental health problem at some time’
- ‘the stigma of mental illness is a major obstacle to accessing treatment, recovery, social inclusion and employment’
- ‘Rethink is working to improve the lives of people with severe mental illness’
- ‘it’s time to ‘rethink’ mental illness’

These messages were communicated through both a public facing approach, involving paid for advertising and PR, themed public events, and local activities.

## a) Public facing approach

### TV advert

“Down the pub” was a one minute TV advert to promote the messages of the campaign. Three concepts were developed for the advert and were tested with focus groups. “Down the pub” focused on the message ‘you can’t see the scars of mental illness’. It was received positively by the focus groups and the setting of the pub was felt to emphasise social acceptance. The advert was directed by Coronation Street director, Tim O’Mara and featured Coronation Street actor Steve MacDonald.

### Bus advertising

The campaign placed poster adverts on buses and bus shelters. These featured one of the actors from the TV advert to provide continuity. The campaign



website and promotional material were also tied into the themes of the TV advert. All of the advertising contained the key message that “1 in 4 of us will experience a mental health problem at some time”.

### Media work

In preparation for the campaign Rethink Northern Ireland gave service users and carers the opportunity to train as Media Volunteers so that their distinctive voice would be heard in the media. In total four media volunteers openly gave interviews – one on prime time television.

## b) Themed events

### Crazy Roundabout stunt

Towards the end of the campaign, a signpost was placed on a roundabout at Belfast City airport. The signpost was intended to be a talking point, highlighting derogatory labels to bring home the issue of stigma around mental health.

### Launch event

The campaign was launched at an event in the Parliament buildings in Stormont. Five Members of the Legislative Assembly (MLAs), from across the parties, sponsored the event. Each of these spoke at the event and endorsed the campaign. Iris Robinson, MP, MLA, spoke about her own family experiences of mental health problems.

### Movies in Mind

‘Movies in Mind’ was a week long film festival at the Queen’s Film Theatre in Belfast. Over the week, the cinema screened seven films with a mental health theme. The chosen films were *An Angel at My Table*, *Donnie Darko*, *The Snakepit*, *The Madness of King George*, *Through a Glass Darkly* and *Out of the Shadow*.

In the planning of Movies in Mind, the BBC Healthy Minds campaign launched the Frames of Mind young film-makers competition for schools. This event was co-promoted by Rethink and provided an opportunity to extend the reach of Rethink’s campaign to a younger audience.



### Revolving Door Play

The play, ‘Revolving Door’ by Polly Wright, toured small theatre venues across Northern Ireland. The drama explores the issue of teen suicide. It was aimed mainly at school audiences of 15 years or over.

## c) Local activities

Rethink has over 25 services in Northern Ireland which provide support and advocacy to people with mental health problems and their carers. Three services ran open days which provided an opportunity for service users to be involved. Stalls were set-up in local shopping centres and public areas where leaflets were distributed. There was also a sponsored walk with 11 people from Rethink services taking part.

These events provided the local, targeted element of the campaign. They were also an opportunity to raise Rethink’s profile among local stakeholders and the public, and gain local media coverage.

ii. Northern Ireland Statistics and Research Agency, Health and Social Care in Northern Ireland: A Statistical Profile, (2002).

## Impact of the Northern Ireland campaign

As with the Norwich campaign, telephone surveys before and after the campaign, in December 2006 and February 2007, were used to assess change in public awareness and attitude. The survey was larger for the Northern Ireland campaign, with around 500 people surveyed each time.

### Awareness of mental health problems:

One of the key messages of the campaign, which featured on all promotional materials, was the prevalent figure of 1 in 4 people who will experience a mental health problem at some time. When asked, the most commonly cited prevalence figure, before and after the campaign, was 1 in 10. However, after the campaign, the proportion who cited 1 in 4 increased from 16% to 21%

The surveys showed no improved awareness of mental health problems, however. When asked what types of mental health problem they had heard of, respondents were able to name fewer problems after the campaign. There was no change in self-rated understanding of mental health. When asked to rate their own understanding of mental illness from 0 (no understanding) to 10 (excellent understanding), the average score remained at about 4.

### Attitudes towards people with mental health problems

Attitudes were assessed by asking participants how far they agreed with a number of statements. The results are shown in the table on page 10.

The results are mixed. There were improved attitudes around dangerousness and a slight improvement in attitudes around ability to do an important job. However, there was no significant change in the proportion who said they would not want others to know if they experienced a mental health problem.

Attitudes towards recovery appear to be worse after the campaign. However, recovery is a complex idea, and may not have resonated with respondents as a meaningful concept.

	% agreeing (Dec 2006)	% agreeing (Feb 2007)	Change?
If I was experiencing mental health problems I wouldn't want people knowing about it.	51%	53%	No change
The public should be better protected from people with mental health problems.	46%	39%	Positive change
People with mental health problems are often dangerous.	36%	28%	Positive change
The majority of people with mental health problems recover.	49% (10% disagree)	48% (15% disagree)	Negative change
People with mental health problems should not be allowed to do important jobs such as doctors, nurses, etc.	(43% disagree)	(38% disagree)	No change

Attitudes were also assessed using two scenarios describing 'Ann', who is experiencing psychosis, and 'Jane', who has a depressive disorder. Respondents were asked how likely they thought it was that Ann or Jane would 'go back to work within a year', 'develop close relationships', and 'live an ordinary life in the future'. In each case, there was no significant difference over time. However, respondents were generally much more optimistic about Jane's future than Ann's.

Audience feedback from the Revolving Doors play suggests that it was successful in changing views. 75% said that it made them think differently about mental illness and 51% felt that the play achieved its aims.

### Awareness of the campaign

People were asked if they had seen general mental health advertising in the last 12 months. Following the campaign, 40% said that they had seen advertising, significantly more than the 29% before the campaign.

22% of respondents said that they had seen Rethink's TV advert specifically in the last 6 weeks. When prompted with stills of the advert, this went up to 34%. This compares well with the average recall for non-corporate campaigns. 9% said that they had discussed the advert with other people. Recall of other campaign advertising was very poor, however. Only 2% had seen posters on buses, 2% had seen articles in the press; 1% had heard an item on the radio; 0% had seen the crazy roundabout.

### Awareness of specific messages

The 131 respondents who had seen Rethink advertising were asked what they thought was the key message from the campaign. The most common responses were: "Mental illness can happen to anyone" (39%); "It's time to Rethink mental illness" (27%); "You can't always see the scars of a mental health problem" (9%); "Stamp out stigma" (8%); "1 in 4 people experience a mental illness" (7%).

When asked about the TV advert specifically, the most common responses were: "Mental illness can happen to anyone" (35%); "It's good to talk about mental illness" (24%); "You can't always see the scars of a mental health problem" (19%).

Interestingly, messages were received differently by men and women. Men were more likely to identify the message about the scars of mental illness than women (23% compared to 15%). Women were more likely to identify "it can happen to anyone" (40% women, 28% men) and "it's good to talk" (29% women; 17% men) as the key messages.

### Media coverage

The campaign achieved 65 media mentions during the campaign. Print media was predominantly at a regional level, though there were eight mentions in national papers. There were eight reports in periodicals and 17 mentions in broadcast media. The media coverage was analysed to show how far they included the key campaign messages. 95% included the message that Rethink is working to improve the lives of people with severe mental illness. 89% included the message that stigma is a barrier to recovery, social inclusion and employment. 59% included the figure of 1 in 4 people experiencing mental health problems. All of the coverage included at least one of these messages. 38% contained all four messages.



Revolving Door play.



## Lessons from Norwich and Northern Ireland

A key limitation of the evaluation was the sometimes organic nature of the campaign, with decisions being made and changed throughout the campaigns. In the Northern Ireland campaign, therefore, the final campaign messages were agreed after the baseline poll was commissioned and therefore did not map directly onto the questions asked. Other smaller aspects of the campaign were not properly evaluated as the evaluation team were not always aware of events in advance.

### Controversy

A key element of the Norwich campaign was the controversy of the Churchill statue. Of 194 media mentions of the campaign, 160 were on the Churchill statue including phone in discussion items on local radio and local press coverage provoking debate. The controversy also widened the reach of the coverage beyond the local area. The coverage on a national and international level was more negative, however. It appears that ability to discuss and reflect on the wider campaign was important to getting the message of the statue across to the public; achieved locally but lost in international press releases.

Though the controversy brought publicity, this does not necessarily make it good publicity. In the evaluation, the public were asked whether they thought Rethink had been right to use this kind of 'stunt'. On the whole, people felt that use of the statue was acceptable. Nonetheless, views were very mixed.

There was no equivalent controversial 'stunt' in the Northern Ireland campaign. None of the events in Northern Ireland received as much media coverage or achieved as much awareness. This may have been a factor in that campaign and limited its reach.

Rethink has learnt that a successful anti-stigma campaign may not need to be controversial but must have widespread public impact. In a recent survey of service users, we asked about people's views on different campaign approaches, such as should they be factual, controversial, humorous, hard hitting? Respondents were divided over the usefulness of controversy as a campaign strategy with 50% in favour and 50% against (based on 1898 responses). More support was found for 'hard-hitting' approaches (79% agreement from 2244 responses).

### Target audiences and developing a message:

The responses to the public attitudes survey demonstrate the importance of targeting specific groups among the public. The messages and approaches used in the Northern Ireland campaign were received differently by different age groups, by men and women, and by different communities.

In developing an effective message, piloting was found to be essential. The piloting that took place with the TV advertisement helped to develop a message which was well-received by the audience,





On the steps of Stormont.

although it was least effective with the specified target group, over 35s. The poster messages were not piloted and it is therefore very hard to tell whether these messages were effective.

The Norwich campaign identified three key messages but they were not the messages which the public took from the campaign. The key messages identified by the survey were 'mental illness can happen to anyone', 'people with mental illness are ordinary people', 'people can recover from mental illness' and 'people with mental illness can do any job'. This may have been the result of the Churchill statue particularly.

The Northern Ireland campaign had four key messages, but again these were not always the messages that were picked out by the public when asked. The message that 'one in four people will experience a mental health problem' was picked out by only 7% of those surveyed, despite this message featuring in all the publicity materials. The most frequently mentioned message - 'mental illness can happen to anyone' - was not one of the key messages of the campaign.

In both cases, people did pick up on the anti-stigma campaign going on, and on some broad messages about mental illness, but the key messages were

not received as such. This may indicate that fewer messages would be more effective, rather than trying to convey a number of different messages. Also, the messages have to be applied consistently, and events must be chosen carefully to portray these messages.

### Long-term impact

The Norwich and Northern Ireland campaigns both lasted for a month. While the evaluation shows that much was achieved in this month, feedback from service users and carers particularly suggests that longer term work would be needed to make a real difference.

The evaluation of these projects focussed around the immediate impact of the campaigns, particularly around awareness. While awareness is crucial in tackling stigma, it is only part of the aim of the anti-stigma campaigns. Further work should be done to establish whether the increased awareness leads to changes in attitude and behaviour in the longer term.

Both campaigns provided an excellent opportunity to build contacts and profile in the local area. In both cases, however, there was insufficient planning and funding for follow-up events. As a result, some of the momentum built up by the campaigns may have been lost.

### Choice of events

Both campaigns included a wide range of events and some of these were the result of opportunities which sprang up, rather than part of the over all strategy. This has considerable benefits in broadening the reach of the campaign as far as possible. However, there is a danger that events do not become part of a cohesive programme with a single aim. Messages can become diluted with the overall campaign impact reduced.

### Communication and management

Both campaigns involved a partnership between public affairs staff, based in London, and staff, volunteers and service users or carers in the local area. To make this partnership effective, communication is very important.

Feedback from people involved in the project shows that staff did not always agree on the main objectives of the campaign. Consultation was not always as inclusive as it should have been, and as a result, some of the resource available through this collaboration was not used effectively.

Planning strong lines of communication and decision making in advance is crucial to the successful working of anti-stigma campaigns.

### Funding

These campaigns were necessarily limited in their impact, as long-term funds to sustain them were not available. The Big Lottery Fund and Comic Relief have now dedicated £18m to an all-England anti-stigma programme, which will build on Rethink's pilots, including a social marketing programme, local projects and events. In the long-term, however, Government funding needs to be dedicated to these projects in the same way that Government at national and local level has funded efforts to combat discrimination on grounds of race, gender and sexuality.

With each approach, we are sure to learn more about how to most effectively conduct such campaigns and there is still much to be tested. What is not in doubt is the need for effective challenges to the discrimination which blights the lives of so many people with mental illnesses.

## Recommendations and conclusions

1. Government needs to fund anti-stigma projects nationally and on a long term basis
2. Anti-stigma campaigns need to target messages specifically to achieve maximum impact
3. Events need to be carefully chosen to complement rather than distract from other campaign activities
4. Hard-hitting approaches can be a successful way to achieve widespread impact

## Further reading

Stigma Shout survey, available from [www.mentalhealthshop.org](http://www.mentalhealthshop.org)

[www.time-to-change.org.uk](http://www.time-to-change.org.uk)

[www.shift.org.uk](http://www.shift.org.uk)

[www.seemescotland.org](http://www.seemescotland.org)

[www.lmlm.govt.nz](http://www.lmlm.govt.nz)

**time to change**

let's end mental health discrimination

Sign up to join Rethink's Breaking Down the Wall campaign at [www.rethink.org/campaignwithus](http://www.rethink.org/campaignwithus) or phone the campaigns team on 0845 456 0455.





## Join us

Rethink works tirelessly to improve the lives of those affected by severe mental illness. If we are going to continue to succeed we'll need your help. You can support us in any number of ways for example becoming a member, making a donation or becoming a campaigner.

Please support us today to help transform the lives of generations to come. To find out how you can help visit [www.rethink.org](http://www.rethink.org), phone 0845 456 0455 or email [info@rethink.org](mailto:info@rethink.org)

### **Information on mental health**

For more information about Rethink publications and other products on mental health, please visit [www.mentalhealthshop.org](http://www.mentalhealthshop.org) or call 0845 456 0455.

### **Make a donation**

We cannot achieve our goals without the vital funds donated by supporters. Donate today by calling 0845 456 0455 or donate online [www.rethink.org](http://www.rethink.org)


# rethink

Working together to help everyone  
affected by severe mental illness  
recover a better quality of life



INVESTOR IN PEOPLE

For further information on Rethink  
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[www.rethink.org/campaignwithus](http://www.rethink.org/campaignwithus)

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