

Key audiences

Having established the aspects of life that are most harmed by stigma and discrimination, anti-stigma programmes should then focus work on key audiences. There are many similar audiences amongst Global Anti-Stigma Alliance members which include:

- The general public
- People with lived experience of mental health problems (leaders of change)
- Family and friends of people with lived experience
- Legislators, policy and public officials, organisational decision makers
- Employers, representative employer bodies and trade unions
- Children and young people and education providers (schools, colleges, universities)
- Media (news, soaps, dramas, documentaries)
- Mental health and other healthcare providers (including primary health care)
- Public sector organisations including police/law enforcement agencies, fire and other emergency services and local government
- Mental health and other healthcare providers.

Examples of global collaboration

As well as sharing learning and evidence, members of the Alliance have also made agreements to share materials and films/adverts that have been adapted for us in other member countries. Here are some examples.

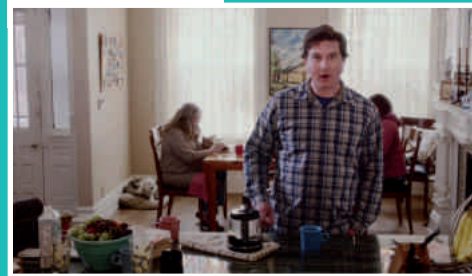


The English version of *The stand up kid*, adapted for a Danish audience.

Cinema advert, England



US adapted advert



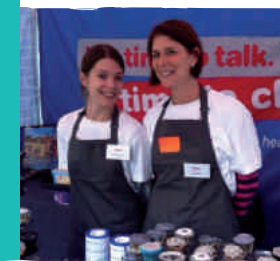
This leaflet has been produced by Time to Change, an anti-stigma campaign run by the leading mental health charities Mind and Rethink Mental Illness in England. For more information about the Global Anti-Stigma Alliance go to:

www.time-to-change.org.uk/globalalliance
email: globalalliance@time-to-change.org.uk

time to change

let's end mental health discrimination

Global Anti-Stigma Alliance



time to change
let's end mental health discrimination

Mental Health Commission of Canada
Commission de la santé mentale du Canada

beyondblue

ONE OF US
No more doubt, silence and taboo about mental illness

See Me
End mental health discrimination

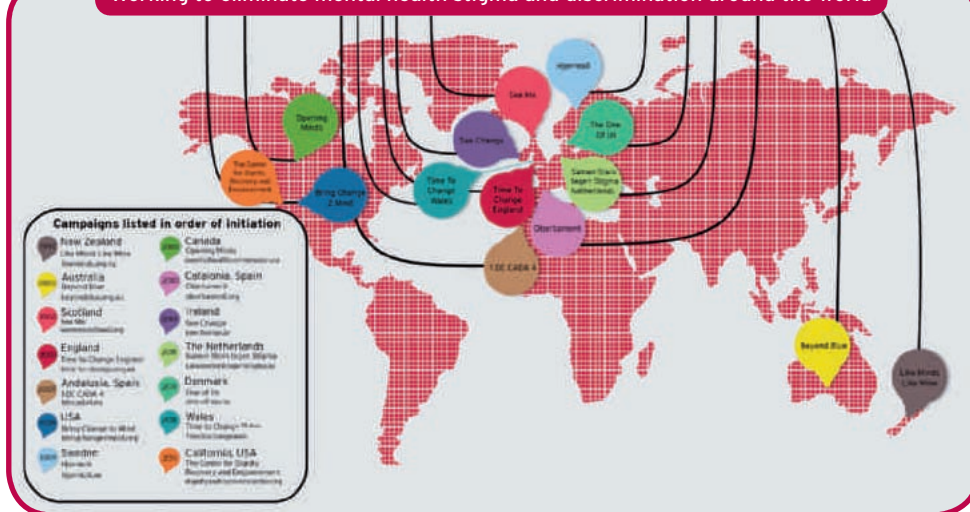
The Center for Dignity, Recovery & Empowerment

Introduction to the Alliance

The Global Anti-Stigma Alliance was set up in June 2012 at the 5th International Together Against Stigma Conference co-hosted by the Mental Health Commission of Canada and the World Psychiatric Association. The aim is to share learning, best practice, and latest evidence in order to achieve better outcomes for people facing stigma and discrimination. The core membership includes programme leads from Australia, Canada, Denmark, England, Scotland and the USA and other members include Ireland, the Netherlands, New Zealand, Spain, Sweden, and Wales.

A Global Movement Against Stigma

Working to eliminate mental health stigma and discrimination around the world



By sharing a range of approaches used in a number of countries we hope this brief guide supports the development and delivery of programmes to challenge mental health stigma and discrimination. These vary from country to country and are tailored according to need and culture and, as such, are not identical. Only you will know what you need in your country or community, but some of our approaches may be useful to consider.

This guide is not intended to replace academic studies or reports. If you are interested in the latest evaluation and research findings, assessment scales, and audio visual materials please contact Graham Thornicroft to access a shared drop box on stigma (graham.thornicroft@kcl.ac.uk). More information on the Stigma Section of the World Psychiatric Association (a network of international members) can be found at: www.wpanet.org/detail.php?section_id=11&content_id=555

Key principles for anti-stigma programmes

- **Lived experience leadership and empowerment.** People with lived experience of mental health problems are the drivers of social change. Peer support and training can empower social leaders/campaign ambassadors/change champions to challenge stigma and discrimination at individual, community and societal levels. This social leadership should also be mirrored within anti-stigma programmes themselves.
- **Hope, recovery, dignity.** Messages and practices that undermine personal dignity foster isolation and diminish hope, working against the process of recovery. Therefore messages and activity need to focus on recovery.
- **Effective evidence-based delivery approaches.** For example there is already a robust evidence base in some countries for social contact and for social marketing activities as well as evidence of increased levels of empowerment amongst champions with lived experience involved in anti-stigma activity.
- **Dual focus on a wider public audience and people with lived experience.** There are two audiences to engage in order to secure changes to attitudes and behaviour; the public and people with lived experience. Population-wide messages and activities need to focus on what an audience needs in order to adopt more supportive and non-discriminatory behaviour and for people with lived experience to support empowerment and reduce self stigma.
- **Equality and human rights.** The benefits of improved public attitudes and behaviour and increased levels of empowerment amongst people with lived experience should be felt by all communities, particularly people who experience high levels of mental health discrimination and multiple forms of discrimination.

Human rights and civil rights curtailment at an individual or institutional level contribute to prevailing stigma and discrimination; some programmes are underpinned by an explicit equalities and human-rights based approach and have this as a central plank of delivery. Within this principles of participation, empowerment, accountability, non-discrimination and legality shape programme design and focus.



- **Long term commitment.** Reducing and ultimately eliminating mental health stigma and discrimination is the work of generation and therefore requires long term and sustained activity and investment; previous evidence has shown that one-off campaigns don't achieve significant and sustainable levels of social change.

Key approaches

- **Lived experience leadership.** To develop and support change leaders and champions, programmes should provide peer mentoring, support, training, and networking opportunities to empower and build confidence. This can also support recovery and improve social and economic outcomes (friends, community inclusion, education and skills and employment).
- **Social contact.** Meaningful, effective interaction with disclosure where someone with lived experience of mental health problems openly shares this with someone without (in person at public events, the workplace, schools, in training sessions, and via virtual online contact). This contact acts as a mechanism for driving public attitude and behaviour change as well as empowering people with lived experience. Studies and practice have highlighted the factors needed to make social contact effective, and new evidence is emerging of the impact of virtual social contact via filmed disclosure.
- **Social marketing.** A mix of marketing activities including paid for advertising, media relations, and digital media that target public audiences to secure attitude and behaviour change. Campaigns are often used to create the noise or platform for local, regional and national activities. Evaluation (in England) has shown positive effects when people who can recall the campaign then meet someone with lived experience at local social contact activities.
- **Cultural responsiveness and relevance.** Campaigns and events need to be tailored to, and designed by, specific audiences (e.g. indigenous populations, Black and Minority Ethnic communities, children and young people, men). Culturally relevant understandings, values and traditions should be considered and driven by members of those communities, to accomplish the most effective change strategies.
- **A "social movement".** An empowered and confident social movement of individuals, grassroots community groups, and organisations from all sectors that are connected and supported (on and off-line) by a co-ordinated campaign. Shared ownership of a goal is important, as is the freedom for people to adapt their activity to suit local and organisational needs and cultures.
- **Evaluation and outcome targets.** Evaluation of anti-stigma activities is vital to ensure work is effective in reducing stigma and discrimination and increasing empowerment levels. This will help evidence your ability to meet outcome targets as well as build on the existing evidence base for anti-stigma work and support funding bids.
- **Focus at individual, community, and national/institutional levels.** Empowered individuals with lived experience, community ownership of this agenda (including workplace and educational settings), and a focus on embedding change at policy and institutional levels to secure long-lasting improvements to policy and practice.

