Evaluation of ‘see me’ -
the National Scottish Campaign
Against the Stigma and
Discrimination Associated with
Mental Ill-Health
EVALUATION OF ‘SEE ME’ - THE NATIONAL SCOTTISH CAMPAIGN AGAINST STIGMA AND DISCRIMINATION ASSOCIATED WITH MENTAL ILL-HEALTH

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It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy.
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EXECUTIVE SUMMARY

Background

1. According to the World Health Organisation (WHO) "The single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioural disorders" (WHO, 2001, p. 98). International research, as well as studies undertaken in the UK, reveal the extent of these negative attitudes and the very real impacts these have on the lives of people with mental health problems, on their families and those close to them (Glendinning et al, 2002; Braunholtz, et al, 2004; Braunholtz, et al, 2007; Manning and White, 1995; Payne, 2000; Read and Baker, 1996; Thornicroft, 2006).

‘see me’

2. To address the negative attitudes and behaviours which systematically disadvantage people with mental health problems and those close to them, the ‘see me’ campaign was launched in October 2002, with the purpose of tackling the stigma and discrimination experienced by people with mental health problems. Funded as part of the Scottish Executive’s 1 National Programme for Improving Mental Health and Wellbeing ('the National Programme'), but managed by an alliance of five mental health organisations, the campaign has encompassed: national level publicity campaigns targeted at the general population; targeted publicity campaigns aimed at specific groups or environments through its young people and workplace strands; work with the media; and support for local activity through the provision of materials, advice and guidance.

3. The ‘see me’ campaign had five core objectives:

- To tackle stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health
- To challenge individual incidents of stigma and discrimination
- To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest
- To ensure that the voices and experiences of people with mental health problems and their carers are heard
- To promote a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared.

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1 In May 2007, following the parliamentary elections, the Scottish Executive was re-designated the Scottish Government. In the interests of accuracy, the term Scottish Executive has been retained when this refers to any actions taken prior to May 2007. The term Scottish Government is used where this relates to actions taken since May 2007 or which are recommended for the future.
4. The campaign was initially conceived by an alliance of mental health organisations: the Scottish Association for Mental Health (SAMH), the National Schizophrenia Fellowship (Scotland), the Royal College of Psychiatrists (Scottish Division), Penumbra and Highland Users Group. This group continues to provide the strategic management for the campaign. Operationally, ‘see me’ is run by a small staff team, comprising, at the end of the period covered by the evaluation, eight people. The operational team work closely with a communications agency which undertakes the creative design work and public relations activity.

5. The name ‘see me…..’ came from comments made in the course of a campaign focus group. The four dots represent the statistic that one person in four will experience a mental health problem at some point in their lives.

**Aims and objectives of the evaluation**

6. This report presents the findings from an independent 15-month evaluation of the first four years of the campaign. The aims of the evaluation, which started in September 2006 and was commissioned by the Scottish Executive, were to:

- Co-ordinate a detailed account of the development and activities of ‘see me’
- Determine the extent to which the campaign has met its own strategic objectives
- Make recommendations for the future development of anti-stigma work in Scotland.

7. The evaluation had five objectives:

- To examine how the campaign was established, funded, the infrastructure developed and activities decided upon; and what factors affected ongoing development and the focus of activities over time
- To assess effectiveness to date of the various strands of the publicity campaign (general public, young people and workplaces) in terms of reaching the target audience, raising awareness about stigma and discrimination, and changing attitudes towards people with mental health problems
- To assess whether and how the practice of media professionals had changed in relation to the reporting of mental health issues since the launch of the ‘see me’ campaign
- To explore the experiences of ‘see me’ media volunteers in relation to their involvement in the campaign
- To identify and consider ways in which anti-stigma and discrimination work could be taken forward in Scotland, including what the key objectives and activities should be and where such work might be hosted, through consultation with key stakeholders.
Evaluation methodology

8. To meet these aims and objectives, the evaluation used a combination of primarily qualitative methods. These included documentary analysis, face-to-face and telephone interviews, workshops and surveys. The participants represented a broad range of actual or potential stakeholders, including the ‘see me’ management group, operational team and communications agency, Scottish Government stakeholders, other National Programme delivery vehicles, ‘see me’ media volunteers, media professionals, agencies working with different equalities groups, statutory bodies, service users and carers, voluntary organisations and other organisations and agencies with a role in helping to tackle the stigma and discrimination experienced by people with mental health problems.

9. The number of other mental health related initiatives running in parallel to the implementation of ‘see me’ make it difficult to definitively attribute changes in attitudes (in any direction) to the campaign itself. Further, although the range of stakeholders was extensive, the number interviewed within these different groups was comparatively small. These limitations were however, counterbalanced by the strengths of the approach adopted: in particular the wide range of different organisations and agencies included in the process and the range of different methods employed. The findings and the conclusions therefore emerge from an extensive data source, encouraging confidence in the evaluation's conclusions.

Structure of the report

10. Chapters one to three of the report provide background contextual information, covering: understanding stigma and discrimination, the policy context, and the ‘see me’ strategy (Chapter one); the aims and objectives of the evaluation (Chapter two); and the evaluation methodology (Chapter three).

11. Key findings and commentary can be found in Chapters four to nine. Chapter four presents the background and strategic development of ‘see me’. Chapter five discusses the operational development of ‘see me’. Chapter six describes the campaign in practice. Chapter seven considers the relationships ‘see me’ has with other stakeholders. Chapter eight illustrates how ‘see me’ works with the media. Chapter nine presents the experiences and views of users and carers who participated in the evaluation. Chapter ten assesses the effectiveness of the ‘see me’ campaign, as measured by its own five strategic objectives. Chapter eleven presents views on the future direction for work in Scotland addressing stigma and discrimination experienced by people with mental health problems and those close to them.

12. The conclusions drawn from the evaluation are presented in Chapter twelve and recommendations arising from the study findings are presented in Chapter thirteen.
Main findings

*The background and strategic development of ‘see me’*

13. The four and subsequently five organisations which came to form the campaign management group identified stigma as an area in which they shared a common interest, and one which had been flagged up in the review of the Mental Health (Scotland) Act 1983 as needing to be addressed.

14. The campaign proposal was initially developed by this alliance of organisations, who then brought the proposal to the Scottish Executive. Following discussion and negotiation over a number of months the campaign came to form one part of the newly formed National Programme. This early development gave the campaign its strong internal cohesion, as well as a sense of relative autonomy from the Scottish Executive.

15. The campaign was funded through the Scottish Executive. Documentary and interview material suggests that aspects of the campaign surrounding the ability of ‘see me’ to support developments at local level were perceived to have been limited by funding constraints.

16. The core aim of the campaign was to eliminate stigma and discrimination. The campaign's five objectives evolved over time influenced by the knowledge and expertise of the management group, Scottish Executive imperatives and knowledge accruing from the field.

17. To meet its aims and objectives the campaign has taken a general population approach informed by a model of a 'journey', moving people from raising awareness to changing attitudes to effecting behaviours. This model of change determined the initial emphasis on stigma - on challenging ignorance/lack of understanding and negative attitudes, rather than discrimination in terms of behaviours. The one area where the focus was more directly on effecting behaviour change was through the campaign's work in challenging negative media portrayals of people with mental health problems.

18. To achieve its strategic objectives, the campaign has drawn on a social marketing model coupled with a community development approach for mobilising support and buy-in. The social marketing process has been influential in informing the direction and focus of the campaign.

19. The campaign management group comprised representatives from the five organisations which formed the original alliance. Strategically the value of this model was that it brought links to a range of different stakeholders. Operationally the small number of representatives on the group, and the consistency over time, enabled the group to cohere. It also encouraged greater understanding and dialogue between the organisations represented. Conversely, it has meant that only a comparatively narrow range of organisations are represented, potentially limiting the involvement of other
equalities bodies, or agencies with a remit beyond mental health to support the process of "transformational change".

20. Three streams fed into the decision-making process; the within-group knowledge and expertise of the management group; 'bottom up' intelligence from the market research process and through contacts with the field; and 'top down' from the Scottish Executive as funder. The three streams informed each other and together, influenced the evolution of the campaign over time.

21. In terms of external accountability processes, the Scottish Executive and those involved in the campaign valued its relative autonomy. At the same time this relative freedom raised governance issues in terms of ownership and control over the message and the mode of its delivery.

22. In terms of internal accountability one issue to emerge was in relation to the boundaries between responsibility for strategic, creative and operational decision-making in determining the direction and look of the different campaign strands. A balance had to be found between a respect for the process of consultation undertaken in the course of campaign development and issues of accountability for the outcomes. The solution arrived at was for the ‘see me’ operational arm to be responsible for developing the creative approaches but for the management group to ensure that it saw, contributed to and signed off the outputs from this process.

**Progress towards meeting its strategic objectives**

23. A key aim of the evaluation was to determine the extent to which ‘see me’ had met its own strategic objectives over the period 2002-2006 and identify the barriers and facilitating factors. The following summarises the findings in relation to each of these five objectives.

**Objective 1. To tackle stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health**

24. National surveys and surveys commissioned by ‘see me’ over the period 2002-2006 revealed positive shifts in mental health awareness and in attitudes towards mental health problems. The number of other related initiatives over this period make it difficult to determine ‘see me’’s specific contribution, but the data may suggest the value of a number of different initiatives working in parallel to effect change.

25. The surveys also indicated the high levels of campaign awareness, with over one-third of the population surveyed in 2006 aware of the ‘see me’ name. Awareness was particularly high among people with direct experience of mental health problems.
26. ‘see me’ commissioned a pre and post-campaign 'tracking survey' for the young people's campaign strand. This revealed that half of the young people surveyed were aware of the campaign. The post-campaign survey also suggests that there were some positive changes in expressed attitudes towards people with mental health problems.

27. Qualitative data collected in the course of the evaluation suggests that among those interviewed awareness of the ‘see me’ campaign was high and the perceived impacts positive. These impacts included a perceived greater willingness for people to talk about mental health problems. At professional or organisational level, it was suggested that ‘see me’ had contributed to increasing mental health awareness. The campaign was also seen as having a 'galvanizing' effect across the mental health community in Scotland.

28. The perceptions of those interviewed also raised a number of questions which have implications for on-going work to tackle the stigma and discrimination experienced by people with mental health problems. First, it was suggested that the quality of the campaign and the recognised expertise vested in ‘see me’ may have had the unintended consequence of deferring responsibility for anti-stigma work to the campaign, rather than embedding it within agencies and organisations. Second, despite the high profile of the campaign, those interviewed questioned the extent to which it had been able to reach beyond the environments of the willing or already sensitised. Third, although the campaign itself sought to be inclusive, the perception among those interviewed was that it was not sensitive to the diversity of the population, including people who may be subject to multiple sources of discrimination. Fourth, a number of participants raised the question whether a public relations campaign alone could lead to a deeper understanding. Their view was that the campaign needed to be followed through with a 'call to action'. Related to this was the concern that the staged approach adopted by the campaign, based on the assumption that it takes a generation to achieve change, leaves unresolved the stigma and discrimination currently being experienced.

**Objective 2. To challenge individual incidents of stigma and discrimination**

29. For ‘see me’ this objective relates to negative representations of mental health in the media. In terms of affecting media reporting, the Stigma Stop Watch process demonstrated some successful outcomes. Media volunteers felt that they had been able to affect a shift in the way the media presented mental health related stories. Across the range of different stakeholder groups interviewed in the course of the evaluation there was a perception that media reporting in Scotland had improved, compared with that in England. This is tentatively supported by the findings from a brief content analysis, to the extent that positive reporting had increased during the period sampled.
Objective 3. To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest

30. As revealed by the NHS Board area survey and through interviews, an extensive range of organisations, agencies and individuals had become involved in the campaign. This was either through proactive contact on the part of ‘see me’, or through local organisations or agencies making contact with the campaign. This breadth of local ‘see me’ related activity had been established in spite of the fact that the campaign had not been funded to develop a network of local co-ordinators. To develop this network of local activity ‘see me’ had adopted an ‘open door’ approach to developing contacts, prioritising localities or organisations who indicated an interest and commitment to working with them. This may have meant, however, that the campaign's reach to date did not extend to some of the harder-to-reach environments, for example trade unions.

31. The survey responses suggest that without input from ‘see me’ a number of anti-stigma activities would not have happened. The campaign's input also helped to progress existing activities. Responses from the NHS Board survey and local area workshops suggest that partnerships between ‘see me’ and others could enable organisations to build on the PR profile and materials ‘see me’ has developed, and enable the campaign to build on local and organisational anti-stigma action. This joint activity was felt to have raised the profile of the stigma experienced by people with mental health problems to a level that would not have been possible on a local basis alone.

32. The NHS Board area survey revealed the different partnership arrangements in place to deliver local anti-stigma activity. In part these differences reflected local circumstances, but they also revealed the different factors that could act as barriers to, or facilitators of, local level activity. These factors included funding availability, local policy priorities, management or strategic buy-in, and staff capacity.

Objective 4. To ensure that the voices and experiences of people with mental health problems and their carers are heard

33. Whether as media volunteers and/or as participants in campaign design and implementation, ‘see me’ sought to develop mechanisms for giving a voice to users and carers. The membership of the pool of media volunteers was based on meeting the needs of the media and specific campaign launches at any time, rather than aiming to be representative of people with mental health problems more generally, as recruiting and training individuals for whom there is not demand generates false expectations and potential disappointment. Nevertheless, the scope for broadening the pool of volunteers to include those from different communities of interest and geographical communities was suggested by some evaluation participants.

34. In terms of campaign development, the data suggest a necessary and ongoing tension at the heart of ‘see me’, between the need to ensure the views of users and carers
about stigma and the campaign are taken into account, while at the same time developing an effective campaign which targets a different, non-specialist audience to effect change.

35. The NHS Board survey and workshops suggest that at local level many activities involved users, and some involved carers, but this was not universal across Scotland.

**Objective 5. To promote a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared.**

36. ‘see me’ has a strong within-campaign culture of research and evaluation. This included pre-campaign strand research and post-campaign strand evaluations of reach and recall. The campaign also sought to make its research available to others. There was, however, less evidence of this culture having extended to local areas.

**Views on the future direction for work in Scotland to address the stigma and discrimination experienced by people with mental health problems**

37. Across the different phases of the evaluation respondents were asked to give their perspectives on the future direction for work in Scotland to address the stigma and discrimination experienced by people with mental health problems. The themes which emerged reflect the perceptions and experiences of the wide range of organisations and agencies included within the evaluation. They may, however, not necessarily mirror what ‘see me’ sees as its role and remit or be a reflection on, or of, what ‘see me’ had undertaken to date.

38. In terms of the focus for future action, across those interviewed there was recognition of the different social processes underlying stigma and discrimination, but less clarity about the implications of these different processes for future action.

39. In developing its general population approach, ‘see me’ had sought to be as inclusive as possible. Comments from the field, however, suggest that the heterogeneity within and across different geographical communities and communities of interest may require a combination of both population and targeted approaches.

40. A number of groups were identified as potential future targets, both in terms of awareness raising, but also as comprising people at risk of experiencing stigma and discrimination because of a mental health problem. These groups included children and young people, people from black and minority ethnic communities and families. Although ‘see me’ had targeted the workplace as a major campaign strand, the perception was that this was also an area for future targeting, together with NHS services.

41. In terms of the types of actions required, respondents described the need for multi-dimensional approaches including legislation, tools and resources and positive reinforcement. Future approaches also needed to be multi-layered: at the macro level of
government and government policy, at the middle-range level of local areas/organisations and at the level of individual practice.

42. Whether at local or national level, the view was that action needed to be integrated with the mental health service and mental health improvement agendas, wider human rights/equalities agendas and integrated across and within sectors. For those interviewed, integration also implied partnership working, including with people with lived experience and with a range of different stakeholders. This included ensuring different agencies/organisations recognised that they did have a stake in this agenda.

43. To sustain the gains made, participants suggested that there was a need not only to embed and integrate activities to address the stigma and discrimination experienced by people with mental health problems within and across other agenda, but also to maintain a specific mental health focus and for a mental health specific champion or figurehead such as ‘see me’, to give continued leadership, direction and impetus.

Conclusions

44. ‘see me’ is a groundbreaking campaign, responding to long standing concerns within the mental health community in Scotland that action needed to be taken to address stigma. It is also a high energy campaign generating a breadth of activities. A number of factors have, however, made it difficult to assess the specific extent to which ‘see me’ has met its own aspirations: the qualitative and broad-based nature of the campaign's objectives make it difficult to accurately measure and also to attribute change; attribution is also muddied by the ‘repertoire’ effect of a number of different mental health related initiatives coming on stream over the period 2002-2006. Nonetheless, it is possible to draw out a number of themes suggestive of the campaign's effectiveness over this time period.

45. The ‘see me’ campaign has been critical in drawing attention to the stigma and discrimination experienced by people with mental health problems. It has also given a high-level profile and identity to activities aimed at increasing mental health awareness and it has been important in creating a background 'noise' around these issues, to which other initiatives can add within their own contexts. Issues for the future include further consideration of issues of equality and diversity in campaign targeting, design and delivery; and the need to consider ways for addressing discrimination, not just at an individual level, but also as it is embedded in the processes and practices of organisations and agencies. The complexity of achieving changes not just in expressed attitudes, but also in behaviours also suggests not just a long-term process but actions at a number of different levels and drawing on a range of approaches.

46. In terms of media reporting, the campaign has had an important role in creating an environment in which it becomes increasingly unacceptable to use derogatory terms or negative story lines. This has included supporting individual complaints to the Press Complaints Commission about derogatory high profile stories, leading to changes in the
behaviour of the press and of advertising companies and challenging remarks made by public figures.

47. The campaign has encouraged a breadth of local activity. Developing an approach of ‘knocking on open doors’ has been productive in the early stage, but different processes of engagement may need to be considered in those areas still behind 'closed doors'.

48. ‘see me’ has sought to give a voice to users and carers. At local levels user and carer involvement is variable. This may suggest scope for ‘see me’ to support and encourage greater user and carer involvement at local area level.

49. The campaign has developed a strong within-campaign culture of learning and evaluation. This has not yet trickled down to local areas. There may be potential for ‘see me’, working in partnership with other relevant agencies and organisations, to encourage a similar culture at local levels.

50. The experiences of participants in local areas suggest certain factors within ‘see me’’s environment may have limited realisation of its own objectives. These include the level of campaign funding, which may have meant some activities have not been developed. The funding levels may also have created a tension between providing a national campaign and supporting developments at local level. Consideration may need to be given to the capacity required to maintain both a high level national campaign, together with local community development work.

51. Factors within the campaign that have supported the realisation of its objectives include: a clear sense of purpose and direction, strategically and operationally; its professionalism, skills, expertise; and its relative independence from the Scottish Executive, giving it a credibility and freedom of action that may not have been available to a more centrally controlled campaign.

52. To sustain the gains that ‘see me’, together with its partners at local and national level have achieved, requires a strategic approach involving all agencies and bodies who have remit and responsibility for tackling discrimination and stigma. This should place ‘see me’ at its heart to provide leadership while also encouraging others to take responsibility for overcoming the inequalities and systematic exclusions people with mental health problems continue to experience.

Recommendations for the future development of actions to address the stigma and discrimination experienced by people with mental health problems

53. The refocusing on inequality and discrimination underpinning a number of Scottish Parliament and Scottish Government initiatives launched since 2006 suggests that now is an opportune moment not only to reflect on the future strategic direction for
‘see me’, but also to locate action to tackle the stigma and discrimination experienced by people with mental health problems within a broader based framework.

54. The work of ‘see me’ has revealed the complex dynamics that underpin stigmatising attitudes and discriminatory behaviours as well as the outcomes of these processes as they affect people with mental health problems. Research by ‘see me’ and by other agencies has also helped to illustrate how these attitudes and behaviours expose people with mental health problems to social and economic exclusion, and how, in turn, exclusion and disadvantage are detrimental to mental health and well-being.

Promoting fairness and equality for people who experience mental health problems means addressing the stigma and discrimination both at the level of individual attitudes and behaviours, and at the wider structural level

55. This suggests the need for approaches that differentiate more sharply between the processes resulting in stigmatising attitudes and those processes resulting in discriminatory behaviour. As a corollary, this points to the need for a broader base framework to use a ‘bundle’ of approaches to address both stigma and discrimination at different levels simultaneously, rather than sequentially or separately. This work can be pursued within a broader inequalities and human rights framework.

The active engagement of other agencies, organisations and policy areas to integrate an understanding of the stigma and discrimination experienced by people with mental health problems within their own 'domains' and take responsibility for appropriate remedial action

56. In the next phase ‘see me’ would remain one valued part of a wider programme of work, playing an enabling role, supporting others in striving towards common objectives. To support ‘see me’’s facilitative role there needs to be greater, shared clarity about the respective roles of the campaign and of other agencies and organisations and how these inter-relate.

A multi-dimensional approach is needed with supporting action at policy and legislative levels, but also through the development of interventions and approaches, tools and resources

57. In addition, future action needs to be multi-layered to comprise developments within and across policies at national level; developments at local level and within organisations and institutions; and developments at the level of individual awareness raising or training.

The focus for this future work should be informed by the evidence base and include:

• Targeting those environments where the greatest 'injury' may be sustained
• Targeting action on those groups whose exposure to stigma and discrimination may have an impact on their mental health and well being
• **Targeting those groups where the evidence base suggests opportunity for positive change.**

58. There is clearly a continued need to maintain a high level national campaign able to provide a focal point, keep the issue high on the "radar", and act as a resource for people to learn from and draw upon. However, the complexity of the issue suggests that the next stage requires broadening out responsibility, so that the stigma and discrimination experienced by people with mental health problems is more sharply integrated into actions to tackle fundamental sources of inequality.

**A three-tiered model of change**

59. To inform this strategic approach and drawing on a health improvement paradigm, a three-tiered model is proposed. This model encompasses: primary level awareness raising of stigma and discrimination; secondary level prevention of stigma and discrimination; and a tertiary level of more direct action such as recourse to legislation to address instances of stigma and discrimination. Each tier is distinguished in terms of the focus for action and in terms of the roles and responsibilities of the key players.

60. As a first step, opportunities should be made available to establish a forum for dialogue between different agencies and organisations to further progress this agenda for change.
ABBREVIATIONS

ACPOS  Association of Chief Police Officers for Scotland
ADSW  Association of Directors of Social Work
BME  Black and Minority Ethnic
CDO  Campaign Development Officer
DRC  Disability Rights Commission
E&HRC  Equalities and Human Rights Commission
EWP  Employment and Workplace campaign strand
HEBS  Health Education Board for Scotland
HUG  Highland Users Group
IIMHL  International Initiative for Mental Health Leadership
LGBT  Lesbian, Gay, Bisexual and Transgender
NAG  National Programme Advisory Group
NPEG  National Programme Executive Group
NPIG  National Programme Implementation Group
NRCEMH  National Resource Centre for Ethnic Minority Health
NSF  National Schizophrenia Fellowship
PR  Public Relations
SAMH  Scottish Association for Mental Health
SDC  Scottish Development Centre for Mental Health
SPS  Scottish Prison Service
CHAPTER ONE       INTRODUCTION

Background

1.1 According to the World Health Organisation (WHO) "The single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioural disorders" (WHO, 2001, p. 98). International research as well as studies undertaken in the UK reveal the extent of these negative attitudes and the very real impacts these have on the lives of people with mental health problems, on their families and those close to them (Glendinning et al, 2002; Braunholtz, et al, 2004; Braunholtz, et al, 2007; Manning and White, 1995; Payne, 2000; Read and Baker, 1996; Thornicroft, 2006).

1.2 To address the negative attitudes and behaviours which systematically disadvantage people with mental health problems and those close to them the ‘see me’ campaign was launched in October 2002 with the explicit purpose of ending "the stigma and discrimination associated with mental health problems by running a sustained, high profile Scotland-wide campaign" ([people too] project proposal, 2001). Funded by the Scottish Executive\(^2\), but managed by an alliance of five mental health organisations, the campaign has encompassed: national level publicity campaigns targeted at the general population; targeted publicity campaigns aimed at specific groups or environments through its young people and workplace strands; work with the media; and support for local activity through the provision of materials, advice and guidance. This report presents the findings from an independent evaluation of the first four years of the campaign.

Understanding stigma and discrimination

1.3 Stigma has been described as:

"Any attribute, trait or disorder that marks an individual as being unacceptably different from the 'normal' people with whom he or she routinely interacts, and that elicits some form of community sanction" (Goffman, 1963; Scrambler, 1998 in Thornicroft, 2006).

It refers to the negative value attached by others to some personal characteristic, attribute or trait that someone may have, or is believed to have.

\(^2\) In May 2007, following the parliamentary elections, the Scottish Executive was re-designated the Scottish Government. In the interests of accuracy, the term Scottish Executive has been retained when this refers to any actions taken prior to May 2007. The term Scottish Government is used where this relates to actions taken since May 2007 or which are recommended for the future.
1.4 The concept of discrimination tends to be used to refer to behaviours, to the processes of exclusion, restriction or unfavourable treatment based on this personal attribute or trait (Link and Phelan, 2001; Sayce, 1998; Sayce, 2003). The 1995 and 2005 Disability Discrimination Acts, for example, describe direct discrimination as occurring when a disabled person is treated less favourably than someone else who is in similar circumstances or has similar abilities, and this difference in treatment is due to the disability. Stigma and discrimination are linked to the extent that stigmatising attitudes - holding the belief that someone is of negative or lesser value - can result in discrimination.

1.5 Discriminatory behaviour however, does not just occur between individuals. It can also occur at the societal or organisational level. Corrigan et al (2004) for example, describe the effects of what they call "Structural or institutional" discrimination. This includes policies that intentionally restrict the opportunities of people with mental health problems, as well as those policies that are not intended to discriminate, but which unintentionally have the effect of placing people with a mental health problem at a comparative disadvantage. This has parallels with the idea of "institutionalised racism" used in the McPherson Report on the police investigation of the death of Stephen Lawrence, where it is described as "The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin" (McPherson, 1999).

1.6 For people with mental health problems, the expected or actual negative attitudes or behaviours of others can also result in them avoiding people or situations, an experience which has been described as self-stigma (Thornicroft, 2006).

The policy context

1.7 The inception and on-going development of the ‘see me’ campaign is embedded within an interlocking web of political, policy and legislative influences generated both from within Scotland and externally.

1.8 Clearly, a significant feature of the policy landscape was the establishment in 1999 of the devolved administration, giving Scotland legislative powers and responsibilities across a range of social and environmental matters. Fiscal policy, social security and equal opportunities legislation are areas of policy which remain reserved to the UK government.

1.9 Within this political environment two key influences on the evolution of initiatives aimed at tackling the stigma and discrimination experienced by people with mental health problems and those close to them have been the process and implementation of new legislation relating to mental health care and treatment and the developing mental health improvement agenda.
1.10 In 1998 the Millan Committee was established to review the Mental Health (Scotland) Act 1984. Both the process and outcomes of the Review were directly and indirectly influential on the development and direction of the anti-stigma campaign. As a process the committee aimed to be inclusive, engaging in an extensive consultation exercise before publishing its recommendations (Scottish Executive 2001a). The committee and the subsequent Mental Health Legislation Reference Group, set up to advise the Executive as it developed its policy response (Scottish Executive, 2001b) also included a number of the key actors who subsequently formed the alliance of organisations that spearheaded the development of ‘see me’.

1.11 The Millan Committee's report set out 10 principles which were subsequently embodied in the Mental Health (Care and Treatment) (Scotland) Act 2003. These included principles of non-discrimination, equality, respect for diversity, reciprocity, informal care where possible, and participation (Scottish Executive, 2001a). Importantly, in the current context, the Millan Committee recommended that "There should be a campaign of public education designed to improve public understanding of mental disorder, and attitudes towards people with mental disorders, and to reduce the stigma of mental disorder" (Scottish Executive, 2001a, p. 19 para. 114).

1.12 The bulk of the provisions under the Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect in October 2005. In addition to covering criteria and processes for assessment and compulsion on the grounds of mental disorder, Sections 25-27 of the Act place an obligation on local authorities and their partners to make provision for people with a mental disorder of care and support services, services designed to promote well-being and social development, training and assistance in obtaining or undertaking employment and assistance with travel.

1.13 Running in parallel to the legislative changes was the development of a health improvement agenda that included a focus on improving population mental health. Following on from the pre-devolutionary white paper, Towards a Healthier Scotland (Scottish Office, 1999, cm 4269) the Scottish Executive published Our National Health: A Plan for Action, a Plan for Change (Scottish Executive 2001c). This included a commitment to improving health and reducing health inequalities, including investing Scotland's share of resources from the 'Tobacco Tax' (an additional tax imposed on cigarettes in the 2000 budget) into a Health Improvement Fund. Specifically in relation to mental health it was proposed to invest £4m over three years in a campaign "to promote positive mental health and well-being" (p.71). This was reiterated in the Scottish Executive response to the Millan Committee recommendations, which included a commitment to develop proposals for initiatives both to promote positive mental health and reduce stigma (Scottish Executive, 2001b, para. 61).
1.14 This provided the policy and fiscal background to the setting up, in October 2001, of the Scottish National Programme for Improving Mental Health and Well-being (the National Programme) with a remit to take forward the mental health improvement agenda (defined in terms of both promotion and prevention). In its first two years the focus was on anti-stigma and suicide prevention initiatives, including funding the development of the ‘see me’ campaign, establishing the Choose Life suicide prevention strategy and the Breathing Space telephone advice line. Its three-year action plan, published in 2003 (Scottish Executive, 2003), set out the National Programme’s four aims and six priority areas over the period covered by the evaluation of ‘see me’ (see Annex 1).

1.15 Each of the key aims of the National Programme is being taken forward by an identified main delivery vehicle:

- **Promoting positive mental health and well-being**: NHS Health Scotland, including rollout of Scotland’s Mental Health First Aid;
- **Eliminating stigma and discrimination**: see me… campaign
- **Preventing suicide**: Choose Life National Implementation Support Team and local networks
- **Promoting and supporting recovery**: Scottish Recovery Network.

1.16 These are complemented by a range of other agencies and initiatives funded by the National Programme, including: the Breathing Space telephone advice line for people (young men in particular) experiencing low mood or depression; HeadsUpScotland (the National project for Children and Young People’s Mental Health); and Artfull, a collaboration with the Scottish Arts Council to promote the use and value of arts and culture as a means of raising awareness about mental health issues and of supporting recovery from mental health problems.

1.17 All of the main delivery vehicles are subject to independent evaluation to assess their effectiveness and to inform future action. In addition, every two years the Executive commissions an independent National Scottish Survey of Attitudes to Mental Health and Mental Illness, “Well, What Do You Think?” (hereafter referred to as the 'Well, What do you think?' survey), to help assess the effectiveness of the National Programme’s actions.

1.18 Although post-dating the development of ‘see me’, a number of national and international initiatives give added weight and political legitimacy to initiatives aimed at tackling the stigma and discrimination experienced by people with mental health problems and those close to them.
1.19 At the international level, the final report of the UN Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities aimed to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity". Article 4 specifically includes a request that states "To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organisation or private enterprise" (Article 4 (e); UN 2006). For the purposes of the Convention people with disabilities include those who have long-term mental impairment.

1.20 The imperative to address stigma and reduce discrimination is reflected in the Declaration and Action Plan following the WHO European Ministerial Conference on Mental Health, held in Helsinki in 2005. This identifies the need to tackle the stigma and discrimination faced by people with mental health problems as one of the 12 action areas to be addressed in the mental health policies in the countries of the WHO European Region (WHO Europe, 2005). The Implementation Plan for 2005-2010 has four objectives, including 'reducing stigma, promoting mental well-being and preventing mental health problems'. The plan's five priority areas include the need to collectively tackle stigma, discrimination and inequality and to empower and support people with mental health problems and their families to actively engage in the process. To support this work, NHS Health Scotland has been identified as a collaborating centre with responsibility to take the lead on stigma, discrimination and social inclusion.

1.21 The European Commission Green Paper on Mental Health (European Commission, 2005) also emphasised as one of the areas for action the need to promote the social inclusion of mentally ill or disabled people and protect their fundamental rights.

1.22 The UK-wide Human Rights Act 1998 and Disability Discrimination Acts 1995 and 2005 provide the legislative framework for addressing discrimination. The Disability Discrimination legislation seeks to protect disabled people from unlawful discrimination in employment, education, access to goods and services and in buying or renting property. In addition, the Disability Discrimination Act 2005, which became operational in December 2006, places a duty on public authorities to promote equality of opportunity between disabled people and others in the exercise of their functions.
‘see me’, Scotland's anti-stigma campaign

1.23 Therefore, the evolution and on-going development of ‘see me’, the Scottish mental health campaign to tackle the stigma and discrimination experienced by people with mental health problems, has to be understood as one of a repertoire of initiatives within a landscape which, in legislative and policy terms, was underscoring both the legal and moral imperatives to addressing stigma and discrimination. At the same time it was also creating a 'discourse', or way of thinking and talking about mental health and well-being, that sought to 'normalise' mental health problems and promote a positive conceptualisation of mental health.

Aims and objectives

1.24 Working from the assumption that it takes a generation to change attitudes, the ‘see me’ campaign has focused on raising 'public awareness' in two overlapping senses: in the sense of drawing attention to the impact of stigma and discrimination on people who experience 'mental ill-health' and in the sense of improving public understanding of mental ill-health.3

1.25 As will be discussed in Chapter 4, ‘see me’’s aims and objectives have been modified over the period since its inception. The core aim, however, has been articulated as being "to eliminate stigma and discrimination". For the purposes of the evaluation, the five core objectives against which the effectiveness of the campaign was to be assessed were:

- To tackle stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health
- To challenge individual incidents of stigma and discrimination
- To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest
- To ensure that the voices and experiences of people with mental health problems and their carers are heard
- To promote a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared.

3 The ‘see me’ campaign has chosen to use the term ‘mental ill-health’, rather than mental health problems or mental illness. This is not a term that was used consistently by participants, whether in interviews or responding to surveys. Rather than imposing a terminology, the following chapters reflect the language used by respondents. There may, therefore, be a degree of inconsistency. To retain the necessary separation between the evaluation and the evaluated, the concluding section refers to people with mental health problems.
1.26 A key feature of the campaign has been its population level approach and a sequential model of change moving from awareness, to attitudes to behavioural change: a process that it was believed would take a generation to fully embed this change across society.

1.27 Therefore, the initial focus of the campaign has been on stigma - on challenging ignorance/lack of understanding and negative attitudes, rather than discrimination in terms of behaviours. This is reflected in the campaign's own review of its first four years, in which it describes how "In 2001, the 'see me’ campaign set out to challenge the stigma of mental ill-health" ('see me’, 2006). The one area where the focus has been more directly on effecting behavioural change has been through its work with the media in challenging negative portrayals of people with mental health problems.

The early development of the campaign

1.28 Although the National Programme funded and supported ‘see me’, it evolved out of an idea developed in 2000/2001 by four mental health-specific organisations: the Scottish Association for Mental Health (SAMH), the Royal College of Psychiatrists, the National Schizophrenia Fellowship (NSF) and the voluntary agency Penumbra. Having identified stigma as an area of common concern, the four organisations each contributed funding to begin to develop an anti-stigma campaign. With the working title and strap line of [people too], destigmatising mental illness, the alliance of organisations was encouraged by Malcolm Chisholm, then Minister for Health and Community Care, to develop and submit a business plan. This overlapped with the need on the part of the Scottish Executive to identify a vehicle or vehicles to meet the mental health improvement commitments set out in Our National Health. This combination of factors (an alliance of organisations with a commitment to addressing stigma and discrimination prepared to act as a 'delivery agent', political support, and a Scottish Executive programme with a population mental health remit which included tackling stigma) provided the funding and the impetus for the subsequent evolution of [people too] into what became ‘see me’.

1.29 A project plan was submitted to the Scottish Executive by the four organisations in 2001 and an amended version approved in March 2002. By this time the original four organisations had been joined by Highland Users Group (HUG). The first campaign director, Linda Dunion, came into post in January 2002.

1.30 The name ‘see me’ emerged from the process of testing different campaign names and design solutions undertaken prior to the launch of the first campaign in 2002. Coupled with photographic images of people wearing clothing or jewellery with words such as "anorexic" and "depressive" written on, this was elaborated into 'see me…. I'm a person not a label'.
**Management and organisational structure**

1.31 Management of the campaign has remained in the hands of the five founding members of the Alliance: SAMH, the Royal College of Psychiatrists, Penumbra, HUG and NSF. As discussed in Chapter 4, a Scottish Executive 'observer' also sits on the management group.

1.32 From an original operational core of Campaign Director, administrative assistant, Campaign Development Officer and Campaign Administrator, the organisation had expanded by the time of the start of the evaluation in autumn 2006 to comprise a Campaign Director, Deputy, Campaign Administrator, three Development Officers (one with specific responsibility for the media volunteer programme) and two administrative assistants.

1.33 A Communications Agency undertakes the creative design work and public relations activities and manages the campaign research and evaluation activities. The agency, which was initially called Citigate Smarts, and was subsequently renamed IAS Smarts, won the commission following a competitive tendering process (see Chapter 5).

1.34 The management and accountability structure within ‘see me’ and between ‘see me’ and the Scottish Executive is outlined in Figure 1.1

**Figure 1.1 ‘see me’ management structure**
1.35 In its original proposal the management group proposed funding for locally based co-ordinators to take forward anti-stigma work locally. This, however, was not accepted by the Scottish Executive. As a result, unlike Choose Life, there is not a network of people with specific responsibility to take the anti-stigma agenda forward. Although in some areas ‘see me’ has been able to work collaboratively with local Choose Life co-ordinators, the campaign has had to rely to a much greater extent on local champions i.e. people willing to take on activities as an add on, rather than as an integral part of their role. The implications of this for the pattern of local take up are discussed further in Chapter 7.

**Funding**

1.36 Funding is made available to ‘see me’ as a grant offered through the legislative power of Section 16b of the NHS (Scotland) Act 1978. Table 1.1 summarises the payments made by the Scottish Executive over the period 2001 – 2006.\(^4\) Over this period ‘see me’ received regular funding amounting to just under £2.5m. Additional funding has also been made available for specific activities over this period. In the financial year 2005/2006 ‘see me’ also received additional recurring funding to extend the media volunteer service to support the work of the other National Programme delivery agents, including Choose Life, Breathing Space and the Scottish Recovery Network. In 2005/2006 this amounted to £78,528.

<table>
<thead>
<tr>
<th>Table 1.1</th>
<th>Annual funding received by ‘see me’ from the Scottish Executive 2001 - 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
<td><strong>Amount</strong></td>
</tr>
<tr>
<td>2001/2003</td>
<td>£500,000.00</td>
</tr>
<tr>
<td>2003/2004</td>
<td>£650,000.00</td>
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<td>2004/2005</td>
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<tr>
<td>2005/2006</td>
<td>£650,000.00</td>
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<tr>
<td><strong>Total funding 2001-2006</strong></td>
<td><strong>£2,450,000.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 1.2</th>
<th>Additional funding received by ‘see me’ from the Scottish Executive, for specific activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment date</strong></td>
<td><strong>Amount (£)</strong></td>
</tr>
<tr>
<td>December 2002</td>
<td>117,000.00</td>
</tr>
</tbody>
</table>

\(^4\) This is the period covered by the evaluation. The campaign continues to receive Scottish Government funding.
April 2004 | 50,000.00 | To be spent on specific workplace and young people’s campaigns in the 04/05 financial year
---|---|---
April 2006 | 50,000.00 | To be spent on rerunning the ‘see me’ goalie advert on TV during Euro 2004
Total additional Scottish Executive funding | 217,000.00 | 

1.37 In addition, local areas have provided additional funding for specific work in their areas over the life of the campaign. In March 2005, for example NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council jointly contributed £20,000 for work to be undertaken locally.

**Social Marketing**

1.38 To realise its objectives, ‘see me’ has drawn on social marketing approaches. As a process this reflects the model used by the communications agency IAS Smarts. There are a number of different definitions of social marketing, but broadly it describes the use of commercial marketing techniques to influence behavioural change for a social good (Stead et al, 2007; National Social Marketing Centre, www.nsms.org.uk).

1.39 Social marketing comprises six elements:

- Consumer orientation
- Clear behavioural goals
- Use of a ‘marketing’ or ‘intervention’ mix
- Audience segmentation: clarity of audience focus
- Exchange: being clear what is expected of the ‘consumer’
- Competition: understanding the factors that impact on the customer and that compete for their attention time.

(adapted from National Social Marketing Centre: www.nsms.org.uk)

1.40 According to the National Social Marketing Centre (www.nsms.org.uk) successful social marketing interventions tend to:

- Invest in effective scoping and development phases
- Use customer understanding and 'insight' as the central driver
- Clearly address incentives and barriers to behaviour
- Establish clear and measurable behavioural goals
- Have clear and systematic overall planning
- Actively involve and prime key people and players
- Have multi-sector stakeholder and delivery coalitions in place
- Have integrated co-ordination
Have a budget appropriate to the aims and methods selected
Integrate monitoring and evaluation throughout.

1.41 As a case study of a social marketing approach ‘see me’ was assessed as part of a separate research project to inform the development of a social marketing strategy for health improvement in Scotland. This identified a number of strengths and weaknesses in the implementation of the social marketing model (Stead et al, 2007). For the purposes of assessing whether and how ‘see me’ has achieved its strategic objectives, what needs to be understood is how adopting social marketing as a process impacted on outcomes. This is discussed in more detail in Chapter 5.

Campaign strands 2002 - 2006

1.42 Over the period covered by the evaluation, the campaign as a whole has had a number of strands.

• **General public campaign strand.** The first strand, used to launch the campaign in October 2002, was targeted at the general public and comprised TV and cinema advertisements, outdoor posters, press releases and other materials downloadable from the ‘see me’ website. This first campaign featured images of people wearing jewellery or items of clothing imprinted with a diagnosis; a man, for example wearing a tie with the words 'depressive' woven into the pattern and a footballer wearing a shirt with the label 'schizophrenia' above the player's number. In October/November 2003 and January 2004 a further general public campaign was launched focusing on the statistic that as many as one in four people may experience mental health problems and that people can and do recover. It features an image of a man pushing a child on a swing with the tagline "If I'm open about my depression...will they shut me out?"

• **Employment and workplace campaign strand.** In June 2004, one of the key TV adverts from the general public campaign, the image of a 'goalie' with the word 'schizophrenic' printed on the back of his shirt, was re-run immediately prior to the launch of the ‘Employment and workplace’ strand in July 2004. This strand involved radio adverts supported by posters, postcards and downloadable screen savers with the image of people wearing uniforms and work labels with different diagnoses above the job description, for example, "the schizophrenic doorman".

• **Young people campaign strand.** In January 2005 ‘see me’ launched its young people campaign strand. Using two ‘cartoon’ images: one of a boy who self-harmed and a girl who had an eating disorder (referred to as 'Cloud Boy' and 'Cloud Girl' to reflect the image of cloud hanging over their heads), the tagline read "see me...I'm a person just like you". The campaign included TV advertising, with a particular focus on Channel 4 and MTV with the aim of reaching the target audience, posters and postcards. A micro-website for young people was also developed, which re-produced the images and provided links for young people who were looking for help.
• **Media volunteer programme.** Through this programme, people with lived experience of mental health problems are trained to speak with the media. Initially set up to provide support to the campaign, additional funding was made available in May 2005 to extend the programme to support the work of other elements of the National Programme, including the Scottish Recovery Network, Choose Life, Breathing Space and HeadsUpScotland. The media volunteer programme is discussed in more detail in Chapters 5 and 8.

• **Stigma Stop Watch.** Stigma Stop Watch was launched in March 2003. This strand enables people to notify and be notified by ‘see me’ of negative (or positive) representations of people with mental health problems in the media or advertising. This enables people to complain individually or for ‘see me’ to take action where it feels a representation warrants a response. In 2003, for example, ‘see me’ responded to the Sun headline "Bonkers Bruno", which related to the boxer Frank Bruno's detention under mental health legislation.

• **Media guidelines.** In 2002 ‘see me’ also launched its media guidelines *Mind Your Language* to support the use of non stigmatising language when reporting mental health related issues. The campaign also developed, in collaboration with the National Union of Journalists in Scotland, "a practical guide" for journalists on the reporting of mental health and suicide.

• Throughout the campaign's life it has worked to support local activity, providing materials, expertise and advice. This has included working with local voluntary groups, private companies and public authorities. This is discussed in more detail in Chapter 7. To indicate buy-in to the anti stigma message, the campaign has also inaugurated the ‘see me’ anti-stigma Pledge. Institutions publicly signing the Pledge over the period covered by the evaluation included the higher education establishment Bell College and Motherwell Football Club.

1.43 In addition, the ‘see me’ website (www.seemescotland.org) provides information on the campaign and the strands, as well as links to other agencies. Factsheets on different mental health problems are also downloadable via the website.

1.44 Figure 1.2 illustrates ‘see me’’s timeline over the period from the formal funding agreement to September 2006. This covers the period the evaluation was asked to consider. In the following period ‘see me’ published its own four year review *see me so far* (October, 2006), and undertook and published a self-report survey of experiences of stigma and discrimination. The findings of the survey were published by ‘see me’ in June 2007.
Figure 1.2  ‘see me’’s timeline 2001 – 2006

- **October 2001**
  - Funding for four bodies for anti-stigma campaign as part of the National Programme

- **September 2002**
  - Recruitment of first media volunteers for launch

- **February 2003**
  - Second launch of the general public campaign

- **March 2003**
  - Stigma Stop Watch and ‘Mind Your Language’ media guidelines launched

- **October/November 2003**
  - Second campaign launched at general public (focus on 1 in 4 statistic and you can recover from mental health problems)

- **January 2004**
  - Second launch of second campaign

- **June 2004**
  - Goalie ad re-run to reacquaint public with messages

- **February 2006**
  - ‘see me…’ publishes research on young people and self-harm

- **October 2006**
  - ‘see me so far’ published (report on progress to date)

- **August 2006**
  - ‘see me’ launches national stigma survey ‘Hear Me’

- **November 2006**
  - New TV ad released and interim results of ‘Hear Me’ survey published

- **October 2002**
  - ‘see me…’ campaign officially launched (aimed at the general public and aims to get people to ‘look at the person, see beyond the label’)

- **January 2005**
  - Employment and the Workplace campaign strand launched

- **May 2005**
  - Media volunteer programme increases its remit for other areas of the National Programme

- **January 2006**
  - Young people’s campaign strand launched

- **May 2006**
  - ‘see me’ publishes research on young people and self-harm

- **November 2006**
  - ‘see me so far’ published (report on progress to date)
Other national approaches to addressing the stigma and discrimination experienced by people with mental health problems and those close to them

1.45 Internationally, a range of different initiatives have been directed towards addressing the stigma and discrimination experienced by people with mental health problems and those close to them. In North America, public opinion surveys have been conducted for over half a century (Star, 1952; Nunnally, 1961; Cumming and Cumming, 1965; Phelan et al., 2000; Regier et al., 1988; Wells et al., 2004; Corrigan and Penn, 1999; Corrigan et al., 2001), usually limiting themselves to describing popular opinion. An exception was an intervention programme in Saskatchewan in Canada, which found that most people were reluctant to have close contact with people with mental health problems and that attempts to reduce social distance were unsuccessful, indeed producing hostility to research staff (Cumming and Cumming, 1957; Phelan et al., 2000). Relatively early, therefore, it became common to think that public education campaigns rarely produced meaningful and sustained change.

1.46 More recent evidence has begun to challenge this received wisdom, and suggests that campaigns to raise the level of ‘literacy’ about mental health problems can have a positive effect, as they have had for HIV/AIDS (Herek and Capitanio, 1993; Herek et al., 2002). In Australia, ‘beyondblue’ is a concerted programme to convey accurate information about depression. Its initial evaluation showed a series of benefits including: better community recognition of people with depression; reforms in life insurance and income protection; and the initiation of awareness and intervention programmes in schools (Ellis and Smith, 2002; Hickie, 2004). An important aspect of this programme is that some of the Australian states and territories have a high level of exposure to the ‘beyondblue’ intervention, and others a low level of exposure, to allow a comparison of the impact. Compared with the low-exposure states, the high-exposure states had greater change in beliefs about some treatments for depression, particularly counselling and medication, and a higher recognition of the benefits of help-seeking in general. Between 1995 and 2003 the recognition of depression improved greatly throughout all of Australia, but slightly more so in the high-exposure states (Jorm et al., 2005).

1.47 In Germany, public attitudes surveys have been conducted since 1990 and show that over the following decade the German public became more ready to recommend help from psychiatrists or psychotherapists for schizophrenia or major depression. There was also an increase in the willingness to recommend treatment, especially drug treatment or psychotherapy for people with schizophrenia. Since there is no controlled comparison of interventions over that period for the whole country, it is possible that these favourable changes are more linked to improvements in treatment services than to any public information campaigns (Angermeyer and Matschinger, 2005b; Gaebel and Baumann, 2003). At the same time, contradictory evidence has emerged in Germany that attitudes to people with this condition have worsened in recent years, despite a greater appreciation of the biological causes of schizophrenia which was expected to engender greater public sympathy (Angermeyer and Matschinger, 2005a).
There have been several national initiatives in England. The Defeat Depression campaign targeted primary care practitioners as well as members of the general public with information about depression (Priest et al, 1996; Paykel et al, 1997; McKeon, 1998). The results showed modest but positive changes in attitudes to depression, particularly favouring counselling, but antidepressants were seen as addictive and less effective (Paykel et al, 1998). Among family doctors 40% reported that they had improved their recognition and treatment of depression, and this was especially so for younger doctors and those who had undertaken previous psychiatric training (Rix et al, 1999). At the same time, it needs to be appreciated that because there was no clear-cut comparison between regions which did or did not receive the interventions, it is possible that these changes were not related to the campaign.

In New Zealand the programme ‘Like Minds Like Mine’ was initiated in 1996 to “reduce the stigma of mental illness and the discrimination experienced by people with mental illness”. Like Minds undertakes activities on a variety of levels; regionally there are 26 health promotion providers around the country undertaking a wide variety of promotional and training activities with their local communities, organisations and their local media. Nationally, the project consists of public relations, advertising, the development of national policy and evaluation. This is widely regarded as the most successful anti-discrimination programme in relation to mental health problems with detailed evaluation reports helping others to learn from its success stories. Having taken stock of activities in 2004 (Vaughan and Hansen, 2004; Akroyd and Wyllie, 2003; Mental Health Commission 2004), a multi-agency plan for 2005-2007 was launched, emphasising human rights, social inclusion, advocacy, public health and recovery.

Notwithstanding the different initiatives that have been implemented and evaluated, according to Thornicroft (2006), at present little is known about which methods of conveying information to mass audiences are likely to be more effective. Possible contenders include personal testimonies by people with mental health problems, incorporating mental illness-related story lines into popular drama, such as 'soap operas', using commercial brand awareness public relations methods, adapting 'social marketing' techniques (Kotler et al, 2002), or deliberately associating mental illness with positive attributes, such as art exhibitions of work by people with mental health problems (Thomashoff and Sartorius, 2004).

Structure of the report

The aims and objectives of the evaluation are described in Chapter 2. Chapter 3 describes the evaluation methods. Key findings from each of these different elements are described in Chapters 4 to 9. Drawing on qualitative and quantitative data, Chapter 10 provides an assessment of the effectiveness of the ‘see me’ campaign, as measured against its own five strategic objectives. Chapter 11 presents views on the future direction for work in Scotland addressing the stigma and discrimination experienced by people with mental health problems and those close to them. The conclusions drawn
from the evaluation are presented in Chapter 12, followed in Chapter 13 by draft recommendations for the future.
CHAPTER TWO AIMS AND OBJECTIVES OF THE EVALUATION

2.1 Throughout the life of the campaign, ‘see me’ has undertaken research and evaluation to assess the extent to which the different campaign strands have been successful. This research has provided valuable evidence both for ‘see me’ and for other agencies and organisations.

2.2 In 2006, following a competitive tendering exercise, the Scottish Executive commissioned the Scottish Development Centre for Mental Health (SDC), together with partners from the Institute of Psychiatry, King's College London and the charity Rethink, to undertake an independent evaluation of the inception and first four years of the campaign, 2002-2006. The three main aims of the evaluation were to:

- Co-ordinate a detailed account of the development and activities of the ‘see me’ campaign
- Determine the extent to which ‘see me’ has met its own strategic objectives to date and identify factors that have acted as facilitators and barriers
- On the basis of findings, make recommendations for the future development of anti-stigma work in Scotland.

2.3 The objectives of the evaluation were:

Objective 1. To examine how the campaign was established, funding allocated, its infrastructure developed, and its activities decided upon; and what factors have affected ongoing development and the focus of activities over time.

Objective 2. To assess the effectiveness to date of the various strands of the publicity campaign (general public, young people and workplaces) in terms of reaching the target audience, raising awareness about stigma and discrimination, and changing attitudes towards people with mental health problems.

Objective 3. To assess whether and how the practice of media professionals has changed in relation to the reporting of mental health issues since the launch of the ‘see me’ campaign.

Objective 4. To explore the experiences of the ‘see me’ media volunteers in relation to their involvement in the campaign.

Objective 5. To identify and consider the ways in which anti-stigma and discrimination work could be taken forward in Scotland, including what the key objectives and activities should be and where such work might be hosted, through consultation with key stakeholders.
2.4   The fifteen-month study commenced in September 2006. The project team for the evaluation comprised representatives from the three partner organisations (SDC, Institute of Psychiatry, King's College London and Rethink), together with two people based in Scotland with lived experience of mental health problems.
CHAPTER THREE METHODOLOGY

Introduction

3.1 To meet its aims and objectives, the evaluation comprised three overlapping phases. Phase 1 focused on scoping and mapping the development and implementation of the campaign. Phase 2 was concerned with collecting data against which to assess effectiveness. The third phase was forward focused, with the aim of collecting data to inform draft recommendations for the future direction of work in Scotland to address the stigma and discrimination experienced by people with mental health problems.

3.2 The Scottish Executive research specification set out in very broad terms the range of research activities it was anticipated would be undertaken to address each of the evaluation's five objectives. These are summarised in Annex 2. The methods used included documentary analysis, face-to-face and telephone interviews, workshops, surveys and cases studies. The methods used and the range of participants involved at each phase is described below and summarised in Annex 3.

3.3 It should be noted that, although described as discrete phases, there was a degree of overlap between the different elements of the evaluation. People interviewed or participants in focus groups in phases 1 and 3, for example, were also given an opportunity to indicate their perception of the effectiveness of the campaign, although this was the primary focus of phase 2.

Phase 1: Scoping and mapping the development of ‘see me’

3.4 Phase 1 was designed to address the evaluation's first aim of co-ordinating a detailed account of the development of ‘see me’, including examining how the campaign was established, funding allocated, its infrastructure developed and its activities decided upon. A range of different methods were used to build up a picture of the campaign's development and implementation. These included:

- Analysis of documentary material
- Interviews with key Scottish Executive decision-makers
- Interviews with other National Programme delivery agencies
- Interviews, workshops and group interviews with those directly involved in the management and operation of ‘see me’
- Survey of NHS Board areas and workshops in three local areas and interviews with organisations who had implemented anti-stigma activities with support from ‘see me’.
**Documentary analysis**

3.5 Documentary evidence covering the period from the early discussions between the alliance and the Scottish Executive in 2001 through to September 2006 was analysed. The aim was to use this contemporaneous material to develop an account of decision-making processes, rationales and outcomes, relating to the campaign as a whole and to the different campaign strands. The ‘see me’ campaign provided copies of around 750 documents. This was supplemented by material held by the Scottish Executive relating to the setting up of the campaign pre-2002. The material covered:

- The development of the initial proposal for the campaign
- Management meetings (including minutes and supporting documents)
- Organisational and 3-year plans
- Commissioning and management of the Communications Agency supporting the campaign
- Campaign strand development
- Funding and budgets
- Media links (including information relating to media volunteers and Stigma Stop Watch)
- Research and evaluation reports commissioned by the campaign.

3.6 To illustrate the strategic and creative decision-making processes informing the direction, design and implementation of specific campaign strands documentary material relating to the employment and workplace strand was scrutinized.

3.7 Following preliminary examination the documentary material was coded using the qualitative data analysis package NVivo to identify key themes.

**Interviews with key Scottish Executive decision-makers**

3.8 To obtain an understanding of the context and rationale behind the decision to fund the campaign, face-to-face interviews were undertaken with key Scottish Executive stakeholders. These included the Health Department Branch Head involved in the initial funding decision, the Director of the National Programme and the member of the National Programme team who acted as Scottish Executive 'observer' on the ‘see me’ management team until 2006.
Interviews with other National Programme delivery vehicles

3.9 The National Programme comprises a number of different strands, each supported by a different delivery vehicle, some of which have been established specifically as part of the National Programme, others comprise vehicles with a wider remit commissioned to undertake a specific activity on behalf of the National Programme. To examine the nature of integration and co-ordination at local and national levels between ‘see me’ and these other vehicles, eleven telephone and face-to-face interviews were undertaken with representatives of eight of these vehicles:

- Breathing Space
- Choose Life (two interviews)
- HeadsUpScotland
- Scottish Recovery Network
- National Resource Centre for Ethnic Minority Health (two interviews)
- NHS Health Scotland
- Scottish Centre for Healthy Working Lives (two interviews)
- Scottish Executive Health Promoting Schools Unit.

3.10 Where more than one representative of an agency was interviewed this was either because of the different operational or strategic roles of those interviewed or because different people were involved at different times over the five-year period of concern to the evaluation.

3.11 The issues covered in these interviews included:

- The nature and extent of integration and co-ordination between their own agency and ‘see me’ at national and local levels
- The degree of perceived influence on the activities undertaken by ‘see me’
- Perceptions of the focus and approaches adopted by the campaign
- Perceived impacts of the campaign
- Views on the future of anti-stigma and discrimination work in Scotland as it affects people with mental health problems.

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5 For more information on the roles and activities of the delivery agencies see http://www.wellscotland.info
6 An independent review of mental health improvement policy in Scotland, encompassing the range of activities undertaken under the National Programme umbrella was published by NHS Health Scotland in 2008 (http://www.healthscotland.com/documents/2388.aspx).
Individual and group interviews and a workshop with those directly involved in the management and operation of ‘see me’

3.12 Interviews, a workshop and a focus group were undertaken with people directly involved in the strategic and operational development and implementation of ‘see me’. The aim was to map the structures and processes of decision-making, the rationales for decisions made and the links between these and the activities undertaken.

‘see me’ management group interviews

3.13 A group interview was held with members of the ‘see me’ management group in December 2006. The workshop covered the following areas:

- The origins and early development of ‘see me’
- The aims, objectives, values and principles behind ‘see me’
- The purpose and functions of the ‘see me’ alliance, and the benefits and limitations of this model
- Funding arrangements and relationships with the Scottish Executive
- The campaign development process and ‘see me’ ‘brand'
- The balance between national and local anti-stigma activity
- Perceptions of the impact of the ‘see me’ campaign to date
- The future direction of ‘see me’ and anti-stigma and discrimination work in Scotland as it relates to people with mental health problems.

3.14 Three of the five members of the ‘see me’ management group participated in the group interview. The remaining two took part in telephone interviews.

Interviews and workshop with the ‘see me’ staff team

3.15 A one-day workshop was held with the ‘see me’ staff team in November 2006. The workshop covered the following areas:

- The purpose of ‘see me’ and the nature of the stigma and discrimination that ‘see me’ aims to address
- Roles and responsibilities within the ‘see me’ staff team
- Agencies and organisations within the wider ‘see me’ network
- ‘see me’’s theory of change, and barriers and facilitators to achieving change
- Key learning points from ‘see me’ for future anti-stigma and discrimination work in Scotland.

3.16 Five members of the ‘see me’ staff team participated in the workshop.
3.17 In addition to this workshop a preliminary interview was undertaken with the Campaign Director and Deputy Director, followed by an in-depth interview with the Campaign Director. This covered definitions of stigma, campaign objectives, factors influencing the focus and direction of the campaign, accountability and decision-making structures, links with other National Programme delivery agencies and views on the future direction of anti-stigma and discrimination work in Scotland as it relates to people with mental health problems.

**IAS Smarts group interview**

3.18 A group interview was held in November 2006 with three members of the IAS Smarts team who had worked on the ‘see me’ campaign. The interview covered the following areas:

- The perceived purpose of ‘see me’ and IAS Smart’s role within this
- The key messages the campaign aims to deliver and the process for developing, delivering and evaluating these messages
- Methods of working with ‘see me’
- Perceptions of the impact of the campaign on the media, general public and their own organisation
- The barriers and facilitators to implementing the ‘see me’ campaign
- The future direction of ‘see me’ and anti-stigma and discrimination work in Scotland as it relates to people with mental health problems.

**Surveys, workshops and interviews with organisations in the field**

3.19 To obtain a snapshot of the pattern of implementation of the campaign across Scotland a survey of health board areas was undertaken followed by workshops in three localities. Interviews were also held with four organisations with whom ‘see me’ had worked.

**NHS Board area survey and workshops**

3.20 Invitations to complete a web-based survey were issued to contacts in all 15 NHS Board areas in Scotland, including the State Hospitals Board for Scotland. ‘see me’ provided the evaluation team with the details of relevant contacts in each of these areas.

3.21 Issues covered in the survey included:

- Examples of anti-stigma or discrimination work in the local areas in relation to people with mental health problems
- The nature of ‘see me’’s involvement in this local anti-stigma / discrimination work
• Structures, processes and relationships, both between ‘see me’ and local areas and within local partnerships
• Factors influencing local decision-making
• Target groups
• Involvement of users and carers in the design and development of local 'see me,' activities
• The extent to which local ‘see me’ activities have been/are being evaluated
• Future directions for anti-stigma and discrimination work in Scotland as it relates to people with mental health problems.

Responses were received from 13 Boards.

3.22 To provide more detail on local activity, follow up workshops were held in three of the NHS Board areas responding to the survey: Greater Glasgow and Clyde, Tayside and Western Isles. These three areas were selected to enable an exploration of any differences between island, rural and urban/suburban areas.

3.23 A total of 41 individuals participated in the case study workshops across the three areas; 11 in the Western Isles (over two meetings), 14 in Tayside and 16 in Greater Glasgow and Clyde. All workshops included representatives from statutory and voluntary mental health agencies, and mental health service users. Other participants included complementary therapists, college lecturers, youth group leaders, representatives from black and minority ethnic (BME) community organisations and forensic services.

3.24 The issues covered in the workshops included:

• Local perspectives on priorities for anti-stigma and discrimination activities in relation to people with mental health problems
• Local anti-stigma and discrimination activities and approaches
• The role of ‘see me’ in supporting the development of local anti-stigma activities
• Obstacles and opportunities which exist when developing anti-stigma work
• Achievements to date
• Recommendations for future anti-stigma and discrimination action at local and national levels in relation to people with mental health problems.

*Interviews with organisations that have developed mental health related anti-stigma activities*

3.25 To supplement data on geographical patterns of implementation, interviews were held with representatives from four organisations across the public and private sectors with whom ‘see me’ had worked: Amey Roads, Bell College, Birchwood Highland and Standard Life. The purpose was to explore processes and structures for implementation in discrete organisational contexts. The organisations were identified in the course of the analysis of the ‘see me’ documentation and contact details provided by the campaign.
The interviews covered:

- The reasons and processes for making contact with ‘see me’
- The position of anti-stigma campaigning as it relates to mental health problems within the organisation’s wider priorities
- The anti-stigma activities developed with ‘see me’, including resources required
- Perceptions on the impact of these activities in terms of workforce attitudes to mental health and organisational practice
- The barriers and facilitators to implementing the ‘see me’ campaign within the organisation
- Plans for future anti-stigma work within their own organisation and views on the future direction of ‘see me’ and activities to address the stigma and discrimination experienced by people with mental health problems in Scotland.

**Phase 2: Assessing the effectiveness of ‘see me’**

3.26 Phase 2 sought to address the second aim of the evaluation which was to determine the extent to which ‘see me’ has met its own strategic objectives to date and identify the factors that have facilitated or acted as barriers to effectiveness. This included assessing the effectiveness of the different campaign strands, whether and how the practice of media professionals had changed and the experiences of media volunteers.

3.27 In addition to material collected in the course of phases 1 and 3, phase 2 contributed to an understanding of the perceived effectiveness of the campaign. Phase 2 comprised:

- Collation of existing sources of quantitative data indicative of campaign awareness
- A web survey of media professionals
- A content analysis of print media
- Interviews with ‘see me’ media volunteers
- Focus groups with mental health service users and carers.

**Collation of existing sources of quantitative data indicative of campaign awareness**

3.28 Data from the national 'Well, What do you think?' survey as well as surveys commissioned by ‘see me’ were analysed to indicate the awareness and reach of the campaign.

**Web survey of media professionals**

3.29 To assess whether and how the reporting of mental health issues had changed since the launch of ‘see me’ a brief web-based survey of media professionals was
undertaken, including those in the print, local and national radio, TV, internet media and working in different arena, for example, business, young people or the general public.

3.30 To identify a sample of media professionals, and to encourage completion of the web survey, a two-pronged approach was attempted.

- A link to the web survey was made via the Scottish Branch of the National Union of Journalists, who also forwarded the link to local branches
- From a database of 270 media professionals compiled by a member of the evaluation team from source material in the National Library of Scotland and a database provided by an SDC associate, an initial sample of 40 professionals was contacted by email and invited to participate in an interview and/or to complete the web survey. Following an initial limited response the invitation was extended to the remaining names on the database.

3.31 The web survey covered:

- Personal experience of working on a story with a mental health component
- Sources of guidance on mental health issues
- Awareness/usage of media guidelines on reporting suicide and mental health
- Awareness of the ‘see me’ campaign
- Awareness/experience of specific aspects of the campaign
- Impact of the campaign on own reporting.

3.32 Notwithstanding this extensive trawl the web survey only generated eight completed responses. Of this group, two indicated an initial preparedness to also be interviewed. One person subsequently took part in an in-depth telephone interview; the second person withdrew.

Print media content analysis

3.33 To obtain a sense of whether and how media reporting had changed over the period immediately prior to the campaign to early 2007, articles and headlines from three Scottish newspapers at three time periods were analysed. Researchers managed by Rethink undertook this stage of the evaluation.

3.34 The newspapers were selected to include national and regional examples, tabloid and broadsheet, covering different political perspectives and daily and Sunday publications. The newspapers selected comprised:

- The Daily Record
- Sunday Mail
- The Scotsman
- Scotland on Sunday
The Aberdeen Press and Journal.

3.35 For the purposes of the analysis, the Daily Record and Sunday Mail were combined, as were the Scotsman and Scotland on Sunday.

3.36 The three time periods were selected to include a period immediately prior to the campaign and two subsequent periods, but to avoid campaign launches or periods of high profile activity. The three time periods were:

- 1st January to 28th February, 2002
- 1st April to 31st May, 2004

3.37 Articles were identified and accessed using Lexis Nexis, a professional database of newspapers. The search terms chosen were:

- 'Mental Health' and/or 'Mental Illness'
- 'Nutter' and
- 'Psycho'

3.38 Search terms appeared in the key word index, the headline or in the text of the article. These search terms were chosen to provide a broad coverage of articles relating to mental health.

3.39 Articles/headlines were excluded if following a preliminary analysis they did not refer to mental health or mental illness (e.g. if the article was about learning disability). Similarly, if the term 'psycho' referred to the film title or was part of a longer word, these articles/headlines were excluded.

3.40 The headlines and content of the material identified were rated as 'positive' if they were felt to portray people with mental health problems in a balanced affirmative light; 'negative' if they appeared to refer to people with a mental health problem in a stigmatising manner, including use of pejorative terms; or 'neutral' if they felt to be impartial/factual in nature. If a rater was uncertain about a category, allocation was made following discussion with co-raters. In addition the material was analyzed to identify:

- References to mental health agencies e.g. ‘see me’ or SAMH etc.
- Note if any contact details for support organisations are included e.g. ‘see me’ or mental health services
- The use of a core set of ‘discriminatory’ terms including 'psycho', 'schizo', 'nutter' and 'loony' and the context of this language use e.g. whether these terms related to violence.

3.41 For ‘nutter’ and ‘psycho’ references the following were also recorded:

- Frequency of use in headline
• Frequency of use in body of text
• Context of use.

3.42 In addition to a quantitative analysis the material was subject to a broad content analysis.

**Interviews with media volunteers and media trainer**

3.43 An important part of ‘see me’’s activities has been to develop a pool of media volunteers from across Scotland comprising people with lived experience of mental health problems who are willing to talk to the media about their experiences of stigma and mental health. This approach not only enables people with first hand experience to be directly involved in the campaign, it also reflects the evidence which suggests that direct contact with someone with a mental health problem is an effective way of influencing people's attitudes (Thornicroft, 2006).

3.44 The ‘see me’ media volunteer programme provides both training and support for the media volunteers, and manages the requests from the press, radio and television for contributions from the volunteers. The programme was initially set up to support ‘see me’’s activities, but was subsequently extended to cover other elements of the National Programme. At the time of data collection in August 2007 there were approximately 55 media volunteers in total.

3.45 To explore the extent to which the media volunteers felt able to make an impact in terms of raising awareness about stigma and discrimination and changing attitudes, interviews were undertaken with a sample of the volunteers and the media volunteers' trainer.

3.46 The evaluation team provided information sheets and consent forms for distribution by ‘see me’ to the media volunteers who acted, or had acted specifically on behalf of the campaign. Of the media volunteers approached, eight agreed to take part in a telephone interview. The interviews covered the following areas:

• Reasons for becoming a media volunteer and perceptions about the nature of the volunteer role
• Views on the training, preparation and ongoing support received from ‘see me’ to equip them for the media volunteer role
• Extent of, and views on opportunities to act as a media volunteer
• Perceptions of the impact of being a media volunteer
• The most rewarding and challenging parts of being a media volunteer
• How, if at all, would they like to see the role of media volunteers in particular, and ‘see me’ as a whole, develop in the future.
3.47 A telephone interview was also undertaken with the media trainer engaged by ‘see me’ to provide media training as part of the preparation for the media volunteer role. The interview covered the perceived need for, and impact of, the ‘see me’ media volunteers, the process of training volunteers and the content of the training course and views on the core skills, experience and attributes required, if any, to be a ‘see me’ media volunteer.

Focus groups with mental health service users and with carers of people with mental health problems

3.48 Focus groups with users of mental health services and with carers of people with mental health problems were held to obtain the views of people with experience of mental health problems and carers on the campaign as well as on its future direction.

3.49 The focus group with users of mental health services was organised through the Glasgow Association for Mental Health and held in July 2007. The group comprised seven service users, one carer and two support workers. A mental health carers group was organised through Edinburgh Carers' Council and was attended by four people and one support worker.

Both focus groups covered the following issues:

- Awareness of the ‘see me’ campaign and views on whether it has had an impact
- The areas of people's lives that they feel are most affected by stigma and discrimination due to mental health problems
- Actions that are required to further tackle stigma and discrimination
- Priority actions for addressing the stigma and discrimination experienced by people with mental health problems.

Phase 3: Developing recommendations for the future of anti-stigma and discrimination work in Scotland as it relates to people with mental health problems

3.50 The aim of the third phase of the evaluation was to collect data to help inform the development of draft recommendations for the future of anti-stigma and discrimination work in Scotland as it relates to people with mental health problems. The focus was, therefore, not just the future direction for the ‘see me’ campaign, but a wider agenda with implications for a range of sectors and spheres. Phase 3 involved a two-step process.

3.51 Step 1 comprised telephone interviews with a range of agencies and organisations with a stake in anti-stigma and discrimination work either specifically in relation to people with mental health problems or in relation to the other groups at risk of stigma and discrimination (some of whom may also have mental health problems). The groups were selected following discussions with the Scottish Executive and members of the Research Advisory Group, and included:
• Alzheimer's Scotland
• Compass (Asylum Seekers and Refugee Mental Health Liaison Team)
• Depression Alliance Scotland
• Disability Rights Commission
• Dundee Young Carers
• LGBT Youth
• Mental Welfare Commission
• Mental Health Foundation
• Glasgow Mental Health Partnership
• Poverty Alliance
• Scottish Independent Advocacy Alliance.

3.52 The interviews covered the following areas:

• Views on the nature/sources of discrimination and stigma experienced by people with mental health problems and their families and carers
• Views on target groups and/or settings which should be the focus for work in the future to address the stigma and discrimination experienced by people with mental health problems
• Priority areas for future action to address the stigma and discrimination experienced by people with mental health problems
• Views on who is responsible for addressing the stigma and discrimination experienced by people with mental health problems
• Perceived scope for integrating activities targeted at addressing the stigma and discrimination experienced by people with mental health problems to other anti-stigma and discrimination activities.

3.53 Step 2 comprised interviews targeted at key sectors with a role in supporting and implementing future work in Scotland to address the stigma and discrimination experienced by people with mental health problems. The aim was to ensure that these sectors or spheres were able to inform and shape the draft recommendations at an early stage. The sectors, again identified following discussions with the Scottish Executive and Research Advisory Group, included

• Health
• Social Care and Social Work
• Regeneration
• Police and Prisons service
• Employability/Trades Unions.

3.54 In practice it was not possible, within the time remaining to the project to recruit representatives from across all these sectors, particularly in the area of employability. The agencies and organisations that were consulted included:
• Care Commission
• Communities Scotland
• Glasgow Housing Association
• Jobcentre Plus
• Trades Union
• Her Majesty’s Inspectorate of Constabulary
• Her Majesty’s Inspectorate of Prisons
• Greater Glasgow and Clyde Mental Health Partnership
• Social Work/ADSW.

3.55 The interviews covered the following areas:

• Views on mental ill-health related stigma and discrimination in the interviewee’s field, and steps taken, if any, to address this issue
• What are the barriers and facilitators to addressing stigma and discrimination
• Approaches to addressing stigma and discrimination which are most likely to be effective in the interviewee’s field
• Perceived scope for integrating activities aimed at addressing the stigma and discrimination experienced by people with mental health problems with other anti-stigma and discrimination activities.

Analysis of material

3.56 To analyse the material collected in the course of the evaluation a two-stage approach was adopted. The first stage comprised a within-phase analysis. Material collected in the course of phase 1, for example, including the documentary material, interviews and group interviews, workshops and survey material were analysed to draw out main themes to inform the aim of mapping the development of the ‘see me’ campaign.

3.57 Stage 2 consisted of an across-phase analysis drawing on data collected in the course of all three phases of the evaluation. These data were coded using a standardised coding frame. The coding frame comprised higher-level codes based on the questions to be addressed and familiarity with the themes based on the stage one analyses. The data were then analysed to identify sub-themes. Using this coding frame enabled an in-depth qualitative analysis of 'effectiveness' that drew on the breadth of material collected.

Evaluation strengths and limitations

3.58 With any evaluation of this kind there are strengths but also inevitable limitations, some which stem from the nature of the programme being evaluated, some from the scope and resources available to the evaluation itself.
3.59 As indicated in Chapter 1 the aim of the evaluation was to assess the extent to which ‘see me’ had met its own strategic objectives. The largely qualitative nature of these objectives does however make it more difficult to draw unequivocal conclusions about the extent to which the campaign has or has not met its own objectives: there are no quantitative targets which can be used as a proxy indicator of possible impact - leaving even more open the potential for differing interpretations of what the data are saying. Further, the objectives are very broad. This means that it becomes difficult to establish the boundaries of what is properly within the remit of ‘see me’ and what lies outwith the scope of the campaign to address. This open-endedness means that if, for example, the campaign is perceived not to have achieved something it is unclear whether this indicates an area where the campaign has not been so effective, or in fact is not an area that the campaign is intended to address. This latter point and the possible implications for how ‘see me’ frames its objectives in the future will be returned to in the conclusions and recommendations.

3.60 A second potential limitation, and one common to any initiative that is part of a wider public health programme, is the difficulty of attribution. The National Programme and the different elements within it, including ‘see me’, will both have influenced and be influenced by the wider policy and cultural environment. This makes difficult the attribution of specific effects to ‘see me’. Further, given this wider context, the extent to which some of these changes would have occurred anyway, irrespective of a campaign, is also difficult to assess with any degree of certainty.

3.61 A third limitation relates to the small numbers of participants, particularly in relation to certain groups such as the media. It does mean that some of the conclusions, both positive and negative, are based on small sample sizes. Further, although attempts have been made to include as extensive a range of stakeholders as practicable, it is recognised that claims cannot be made for the 'representativeness' of these groups or of the individuals speaking on their behalf.

3.62 These limitations are, however, counterbalanced by its strengths: in particular the wide range of different organisations and agencies it was possible to include in the process and the range of different methods employed. In addition to interviews and surveys, quantitative data from the national 'Well? What do you think?' survey as well as from surveys commissioned by ‘see me’, have also been analysed. This breadth of coverage in terms of participants and methods does mean that the findings and the conclusions to be drawn from these reflect not individual personal perspectives but emerge from an extensive data source, encouraging confidence in the evaluation's conclusions. Further the input received both from ‘see me’ and from the Scottish Executive and the Research Advisory Group throughout the course of the evaluation have provided an external source of scrutiny.
CHAPTER FOUR THE BACKGROUND AND STRATEGIC DEVELOPMENT OF "see me"

Introduction

4.1 One of the aims of the evaluation was to examine how the ‘see me’ campaign was established, funded, the infrastructure developed and activities developed. Drawing on documentary and interview data, this chapter presents an account of the background behind the development of the campaign and the evolving campaign objectives, including the underpinning conceptualisations of stigma and discrimination and model for achieving change. The chapter then goes on to describe the funding, management, accountability and strategic decision-making structures that have been put in place.

Background context

4.2 As discussed in Chapter 1, Scotland's anti-stigma campaign emerged from the confluence of three streams:

- Legislative and policy developments within Scotland, particularly post-devolution
- The synergy between the four (and subsequently five) organisations who became the delivery agents
- Programmes and initiatives outwith Scotland, which provided an impetus and a model.

4.3 Influences within Scotland were the Millan Committee's recommendations for a mental health public education campaign and a parallel emphasis by the Scottish Executive on health improvement and reducing health inequalities. These came together in the commitment by the Scottish Executive, set out in Our National Health (Scottish Executive 2001c), to tackle stigma, develop a framework to address suicide and develop a campaign to promote positive mental health with initial funding of £4m available over three-years. The fact that the initial source of funding was via the 'Tobacco Tax' meant that funding was routed through the Scottish Executive Public Health Division, and, as such, was located within a health improvement framework.

4.4 Outwith the Scottish Executive, but contributing to the debate, was the work of the Scottish Public Mental Health Alliance. This informal grouping of two national mental health charitable organisations, a university public health research unit and a public policy 'think tank', published and consulted on its discussion document With Health in Mind throughout 2001 and 2002 (Scottish Public Mental Health Alliance, 2002). The aim of the alliance was to foster a public mental health agenda, encompassing the promotion of population mental health and prevention of mental health problems.

4.5 From the perspective of Scottish Executive stakeholders, the commitments made in Our National Health had two implications. First, it created what one Scottish
Executive respondent described as "a vacuum" in the sense that a commitment had been made and monies identified, but there was no vehicle or vehicles to deliver on the commitment. Second, it was felt to have created a tension between a focus on anti-stigma activity and a public mental health agenda.

4.6 Running in parallel were the activities of the four agencies that came to form the initial management group for what was to become ‘see me’: SAMH, Penumbra, NSF and the Royal College of Psychiatrists (the Highland Users Group joined the alliance in early 2002). In late 2000 the four organisations met with the purpose of identifying common issues. As was suggested by the members of the management group interviewed, although sharing common interests the organisations had different 'takes' on these issues. Stigma, however, was one area on which they felt they could agree. They were also aware that the Millan committee had identified stigma as an issue that needed to be addressed. Each of the four organisations committed funding to preliminary work in this area, including organising a briefing within the Scottish Parliament to raise awareness among MSPs and to make the case for funding for an anti-stigma initiative. The group also commissioned designers to produce a leaflet and invitation under the name [people too]. From the point of view of the management group, a key player in supporting them to progress their activities was Malcolm Chisholm, then Minister for Health and Community Care, who suggested the group work up and submit a business plan to the Scottish Executive.

4.7 An initial proposal was submitted by the alliance of agencies in October 2001 with a bid for in the region of £2m over two years. This included not just proposals for an anti-stigma campaign, but also included a mental health promotion/mental health literacy element and a focus on young people, employers and those who work in public services.

4.8 Effectively, then, the alliance provided an early opportunity to meet the commitments made in Our National Health. By the time a commissioning letter was issued to the alliance by the Scottish Executive in December 2001, the National Programme as a vehicle to integrate anti-stigma, suicide reduction and mental health improvement work, had been established. From the perspective of the nascent National Programme, the role of the alliance was configured as one of supporting the anti-stigma strand; the 'mental health promotion' or literacy elements being seen as the role of other delivery vehicles.

4.9 This genesis has perhaps created the conditions for a strong sense, by those involved in the campaign, of its comparative independence from the National Programme.
In particular:

- Unlike other elements of the National Programme, it was conceived prior to and independently of the National Programme, only subsequently being absorbed into the wider well-being agenda. From the perspective of those involved in the campaign, the fact that the campaign and the National Programme developed independently and in parallel meant that there was a degree of "competition" between the two elements. Notwithstanding its subsequent absorption under the National Programme umbrella, those directly involved in the campaign felt that it did not sit within the Programme in the same way as the other elements, and, from the point of view of the ‘see me’ management group could not be so easily "reined in".

- It became active before the wider repertoire of activities under the National Programme umbrella became operational (Choose Life, for example was not launched until December 2002). From the point of view of the campaign, the fact that it was already established and delivering outputs meant the National Programme was able to point to the campaign as an early success, but possibly at the cost of the campaign’s sense of independence.

- The original alliance, with the addition of HUG, has steered the campaign since its original conception, giving the management group a strong sense of ownership of the campaign (including the name ‘see me’, which is legally registered as a brand with SAMH).

4.10 The third stream influencing the mode and style of delivery was awareness of examples of other national-level anti-stigma campaigns among the key players within the alliance, as well as among Scottish Executive stakeholders. For example, in interviews those involved in the ‘see me’ campaign made reference to the success of the 'Like Minds Like Us' campaign in New Zealand. The proposal submitted by the alliance to the Scottish Executive in 2001 also draws attention to the evaluation of the Australian anti-stigma campaign, which was felt to have demonstrated the need for co-ordination at national and local levels proposing that "This supports our own view that to be successful, a high profile national campaign needs to be backed up by properly co-ordinated local action". The 'Mind out for Mental Health' campaign in England also provided a model of a campaigning and marketing approach, including the use of media volunteers. Early consideration had, in fact, been given within the Scottish Executive to 'piggy backing' on what was happening in England, but it was felt that this did not look "achievable".

**Campaign aims and objectives**

4.11 Over the period of 2001–2006, ‘see me’’s core aim has been articulated as being "to eliminate stigma and discrimination". Over this period the campaign's objectives have undergone some modification. This is illustrated in Figure 4.1 which draws on documentary material to compare the campaign's aims and objectives over the period 2001 to 2006-2008. This provides a summary of both the continuities and changes over time in the focus and direction of the campaign.
4.12 As the figure illustrates, in the 2001 Project Proposal, the key aim was "to end the stigma and discrimination associated with mental health problems by running a sustained, high profile Scotland-wide campaign". In the Operational Plans from 2004 onwards, however, eliminating stigma becomes the key overarching aim, supported by the objective of tackling stigma and discrimination "by raising public awareness of how both affect individuals with mental health problems and by improving public understanding of mental ill-health". Other changes include the removal of the objective of promoting mental health literacy which also features in the 2001 Project Proposal but no longer appears as a specific objective from 2004. Running the world's most successful anti-stigma campaign features in 2004 and 2005, but has gone by 2006. Challenging individual incidents of stigma appears in 2004, as does specific reference to involving people (rather than 'acting as a catalyst') in anti-stigma activity. By 2006 the reference to involving people at national and local levels has shifted toward an emphasis on "building long term sustainable action". In December 2005, the management group decided that the objective relating to improving awareness of sources of support should be an operational rather than a strategic objective, as a result of work carried out by ‘see me’ and an external consultant to refine the objectives.
### Figure 4.1 Campaign objectives 2001 - 2006

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<td>To tackle stigma and discrimination by raising public awareness of how both affect individuals with mental health problems and by improving public understanding of mental ill health</td>
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<td>To raise the profile of mental health and place it firmly on the public agenda.</td>
<td>To encourage positive attitudes and actions towards those with mental health problems by promoting a culture whereby we all challenge individual incidents of stigma and discrimination</td>
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<td>To improve public understanding of mental illness by countering the myths associated with mental health problems.</td>
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<td>To promote mental health literacy by improving public knowledge of mental health and well-being.</td>
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<td>Campaign Objectives</td>
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<td>To run the world’s most successful anti-stigma campaign.</td>
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<th>To deliver one of the key elements of the Scottish Executive’s National Programme for Improving the Mental Health and Well-being of the Scottish Population.</th>
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<td>To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest.</td>
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<th>To build long-term sustainable action against stigma by collaborative activities across Scotland at national and local levels, and across sectors and communities of interest.</th>
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<td>To ensure that the voice and experience of those with mental health problems, and their carers, are at the heart of the campaign.</td>
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4.13 What the changes reflect is the evolving nature of the campaign and the influence over the period of the three streams feeding into the decision-making processes, namely: the knowledge and experience of the management group; Scottish Executive imperatives; and the knowledge accruing from focus group contact with the field and ‘see me’’s research and evaluation of campaign strands. The commissioning letter issued in December 2001 by the Scottish Executive to the campaign, for example, discourages activity in relation to work in schools and in relation to mental health in the workplace. The former because of its perceived ‘impracticality’, the latter because of anticipated work by HEBS (subsequently NHS Health Scotland). In 2006, the documentary material alludes to changes in the ‘external environment’, and new priorities identified by the management group as influential on the change in strategic objectives for the period 2006-2008. The management group's own recognition of the 'save the world' tenor of the objective of running the world's most successful anti-stigma campaign led to its removal in favour of what were agreed to be more 'SMART' (specific, measurable, achievable, relevant and time-bound) objectives.

4.14 Focusing on the five core objectives which feature in one form or another from 2004 an analysis of documentary and interview material helps to illustrate how they came to inform the overall approach as well as individual elements of the campaign.

*To tackle stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health*

4.15 This is the core objective that remains throughout the period. What was understood by stigma and discrimination and where the emphasis was placed in the early years is discussed below. Organisational plans also underline the dual focus of raising public awareness of the impact of stigma and discrimination on people with mental health problems as well as improving public understanding of mental ill-health.

4.16 In undertaking this work the focus was on the general population and an approach that sought to avoid an accusatory, preaching or hectoring tone. This approach was felt to more readily appeal to the public than a more hard hitting campaign which evidence from England suggested could alienate the public.

4.17 The desire to avoid a tone which seemed to blame people for stigma and discrimination surfaces also in the workforce campaign. Although evidence from users and carers suggested the NHS was an area where people were experiencing stigma, the Scottish Executive and ‘see me’ agreed, early in the development of this campaign strand, not to specifically target this sector, or in fact 'employers' in the round, but to take a broader based approach focusing on the workplace environment. This is discussed in more detail in Chapter 6.
To challenge individual incidents of stigma and discrimination

4.18 This objective relates to challenging negative representations of mental health problems in advertising and the media. Working with the media was seen as being a key strand from the campaign's early inception. The [people too] proposal anticipates "develop[ing] a programme of action aimed at encouraging fairer, more accurate reporting of mental health issues". In addition, the proposal envisages drawing on the "enormous" power of "personal testimonies from individuals whose lives have been affected by stigma and discrimination". It was also anticipated that the campaign would collect examples of good and bad practice in media reporting, and encourage "campaign supporters to comment negatively or positively directly to print and broadcast media on their coverage". This objective sets in context the subsequent development of media guidelines, the development of the Media Volunteers programme and Stigma Stop Watch (see Chapter 5).

4.19 Unlike the 2004-2006 and 2005-2006 organisational plans, the 2006-2008 organisational plan explicitly sets out that tackling individual incidents of stigma and discrimination is not the responsibility of 'see me' alone. Rather, the role of 'see me' involves "promoting a culture" in which "we all challenge individual incidents".

To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest

4.20 For those involved in the campaign, this objective drew on evidence from Australia, New Zealand, USA and England, on the need not just for a "badge" of national work supported by campaigning at local levels but also for bottom up approaches. Prior to the formal launch of the first strand in October 2002 the campaign director embarked on six months of focus groups and meetings with individuals and groups across Scotland. The aim was both to enable people to inform the campaign, and also to try to ensure that people were made aware of and felt part of the campaign, "rather than going off and doing their own thing". The extent to which people have felt involved is discussed in Chapter 8. The related implications of seeking to bring together activities aiming to address the stigma and discrimination experienced by people with mental health problems under the 'see me' brand is discussed in Chapter 6.
To ensure that the voices and experiences of people with mental health problems and their carers are heard

4.21 The objective of providing a platform for people with lived experience and for those close to them was seen as not only "the right thing to do and it works", but also because of the evidence of the impact on attitudes of people talking about their experiences whether through the media or as trainers. The campaign drew on the model developed in England as part of 'Mind out for Mental Health', to develop its medial volunteer programme. Chapters 9 and 10 discuss the extent to which users and carers felt involved in other ways.

To promote a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared

4.22 It was suggested by those involved in the campaign that this objective, which first appears in the Organisational Plan for 2004-2006, was added to make explicit what they felt they were already doing. It related to the process of evaluation and research that was undertaken both prior to campaigns to inform the creative designs and post launch to assess reach, recall and attitudes, and to inform future directions for the campaign. The case for the young people and workplace campaigns was made, drawing on this process of research and evaluation (see Chapter 6). The objective was also to encourage shared learning. This was an area where those directly involved in the campaign felt that they had been less successful to date. This is discussed further in Chapter 10.

‘see me’’s model of change

4.23 Interviews and documentary material indicate that the assumption held by those directly involved in the campaign was that it takes a generation to change attitudes. The basis for this assumption seems to draw from the example of areas such as racism and sexism, as well as perceived changes in attitudes to previously 'taboo' physical health problems such as cancer. This informed the early proposals to focus on young people, with a view to influencing attitudes before they become entrenched. On the basis of this assumed trajectory, at five-years old the campaign was described by a management group member as being only "one quarter" through the process.

4.24 A key feature of the campaign was its focus on higher-level awareness raising, rather than interventions targeted at specific groups such as medical students or police officers. (Thornicroft, 2006). This population level approach was informed by an elevator model of change, or what was described by one campaign respondent as a "virtuous circle": moving people along on a "journey" which commenced with raising awareness, through to changing attitudes leading to behavioural change. The model itself draws on the approach developed by the communications agency with whom ‘see me’ works (Figure 4.2). The implications of this model are returned to in Chapter 8.
4.25 As suggested in Chapter 1, this model of change influenced the initial emphasis on stigma - on challenging ignorance/lack of understanding and negative attitudes, rather than discrimination in terms of behaviours. This is reflected in the campaign's own review of its first four years, in which it describes how "In 2001, the ‘see me’ campaign set out to challenge the stigma of mental ill-health" (‘see me’, 2006). The one area where the focus has been more directly on effecting behaviour change has been through the campaign's work in challenging negative media portrayals of people with mental health problems.

4.26 However, although there is a clear awareness of the difference between attitudes and behaviours, between what people think and say and what they actually do, in the early stages at least there does not seem to have been an explicitly worked out definition of 'stigma' or 'discrimination'. Implicitly, a distinction did seem to have been drawn between attitudes towards those perceived to be different and behaviours on the basis of those perceptions. However, the extent of consideration that was given to whether and how different approaches might be developed to address the different dynamics at play in relation to 'stigma' or 'discrimination'. Thinking has, however, moved on as the campaign has evolved and developed. This is reflected in the suggestion made by ‘see me’ campaign respondents that, in addition to placing increasing emphasis on addressing self-stigma, the "wider issue of discrimination will be key in the future". The implications of this, including the roles of both ‘see me’ and other agencies and organisations are considered in Chapter 13 below.

Social Marketing

4.27 To achieve its strategic objectives, the main model that the campaign has drawn on is social marketing. As discussed in Chapter 1, social marketing uses commercial marketing techniques to achieve social goals. The approach used for the
campaign was described as a combination of the campaign director's experience in community development, particularly the emphasis on mobilising support and buy-in, and the social marketing model for developing advertising campaigns used by the campaign's communications agency. The social marketing process has been influential in informing the direction and focus of the campaign. For one 'see me' respondent, "the process drives everything". The implementation of this model is discussed in Chapter 6.

Development of the ‘see me’ management group

4.28 Although representing different organisations, the comparatively small mental health community in Scotland meant that there were already pre-existing working relationships between key individuals. The representative of the Royal College of Psychiatrists had contributed to a joint seminar with NSF prior to the four organisations coming together in 2000. The NSF and HUG representatives had both been members of the Millan Committee. The SAMH representative had been on the Scottish Executive Mental Health Legislation Reference Group.

4.29 Despite the pre-existing relationships, there was, as one campaign respondent who was involved in the early stages commented, a degree of 'wariness' between the voluntary sector, professional organisations and the Scottish Executive. For the four organisations, addressing stigma was a shared interest, around which they could "rally", and to which they could all contribute different skills, expertise and capacities.

4.30 The model of a small core of voluntary and professional organisations funded to provide an anti-stigma campaign on behalf of the Scottish Executive had three implications: structural, operational and 'political'.

4.31 Structurally, it meant that the campaign was not identified as a Scottish Executive campaign. Although this raised issues of accountability and 'ownership', the absence of a Scottish Executive logo was felt to be beneficial (by those associated with the campaign, the Scottish Executive stakeholders and those outwith these groups), it was felt to give the campaign a perceived independence from the "nanny state".

4.32 Further, from the perspective of the Scottish Executive, what the five organisations brought were links to a range of different stakeholders which, it was felt, would not have been available to a communications company acting alone.

4.33 On the other hand, it was suggested by several respondents outwith the campaign that the perceived narrow range of organisations represented, compared to the consortium model employed by the Scottish Recovery Network (SRN) (set up after ‘see me’), not only excluded other mental health related organisations, but also precluded the involvement of other "equalities" bodies, or agencies with a remit beyond mental health to support the process of "transformational change".

4.34 Operationally, however, the small number of representatives on the group, and the consistency over time, has enabled the group to cohere. It has opened the space
for debate and discussion between members around core issues, including different models of illness as well as of ways of addressing stigma and discrimination.

4.35 'Politically', this structure has had at least two implications. From the perspective of the Scottish Executive, the fact that the membership group comprises organisations that garner respect (e.g. the Royal College) gives public credibility to the campaign.

4.36 For the members of the management group, working together has encouraged greater understanding of, and respect for, the different perspectives of each other's organisations. This had a 'knock on' effect in the joint work between the Royal College and SAMH, outwith the campaign that might not otherwise have happened. As discussed below (Chapter 10), this is an unintended but positive outcome.

Funding

4.37 As noted in Chapter 1, over the period 2001-2006, 'see me' received regular payments from the Scottish Executive of around £2.5m. Additional ad hoc payments were made to support specific campaigns, or to re-run advertisements prior to a new launch campaign (tables 1.1. and 1.2). Funding was offered under the legislative power of Section 16b of the NHS (Scotland) Act 1978. The pattern of spending and agreement on the payment of the next tranche of funding is discussed between the Scottish Executive and the campaign on a six-monthly basis.

4.38 Funding an external, voluntary agency to undertake the campaign had a number of advantages. At a practical level, the charitable status of SAMH as budget holder meant that VAT did not have to be paid on advertising. At a 'political' level it also meant that the campaign could avoid being caught up with debates around the Scottish Executive advertising budget. Strategically, it also meant the campaign could develop an identity separate from the Scottish Executive.

4.39 The evaluation was not required to undertake an analysis of the cost effectiveness of the campaign. The documentary material, however, reveals repeated concerns by the campaign over the period about the level of funding available. Those running the campaign felt it was under-funded both in absolute terms, limiting the opportunity to undertake a "sustained campaign", but also in relative terms compared to other Scottish Executive campaigns. The interview material similarly reflects the frustration on the part of those most directly involved in developing and running the campaign, who felt the breadth and depth of what they were able to achieve was curtailed by the perceived limited funding. Examples of areas where it was felt more could be done included funding a sustained advertising campaign, workshops with trainee journalists and establishing a Speakers' Bureau of people able to give presentations and talks. What also emerges, both from the comments of those internal to the campaign and local areas, is that a trade off appears to have had to be made between work at local level and a national level campaign.

4.40 In its early business plan to the Scottish Executive, the management group included proposals for local anti-stigma co-ordinators in each local area. Funding was not made available to cover this. The available material does not indicate the reasons
behind this decision. It has meant, however, that to undertake local work has involved either working collaboratively with local Choose Life co-ordinators, responding where there is local interest, or considerable input from ‘see me’ staff to generate local activity. The perceived variable take up across Scotland (see Chapter 7) may suggest that this has had an impact on opportunities to build capacity in areas where there may not be any evident product champions or local buy-in.

4.41 From the perspective of local areas, drawing on data from the NHS Board survey and three local area workshops (see Chapter 7); the lack of resources specifically ear-marked for activities addressing the stigma and discrimination experienced by people with mental health problems was felt to undermine what could be achieved locally.

Management, accountability and decision-making structures

4.42 Figure 1.1 in Chapter 1 describes the lines of accountability within ‘see me’, and between ‘see me’ and the Scottish Executive as primary funder. What this illustrates is the number of different layers of accountability:

- Between ‘see me’ as a 'delivery agent' and the Scottish Executive
- Within the ‘see me’ management group (and, not illustrated but present, between the management group and the organisations the members each represent)
- Between the management group and the operational arm of ‘see me’
- And at operational level.

Decision-making processes

4.43 In the context of the campaign there are two decision-making processes and structures at play: those informing the strategic direction and focus of the campaign as a whole, including the broad strands of activity; and those informing the style, form and content of these strands of activity. The processes and structures for informing the creative decisions are discussed in more detail in Chapter 7 below. The two are in practice, however, inextricably linked creating grey areas between responsibility for the creative process and outputs and accountability for outcomes.

4.44 Strategically, as the accountability structures suggest, three streams fed into the decision-making process; the within-group knowledge and expertise of the management group; 'bottom up' intelligence from the market research process and through contacts with the field; and 'top down' from the Scottish Executive as funder. The three streams both informed each other, and together influenced the evolution of the campaign over time. For example, as was noted earlier, the Scottish Executive initially discouraged a focus on schools, the workplace and mental health literacy. Subsequently, focus groups undertaken in the first stages of the campaign suggested children and young people and the workplace as the foci for subsequent stages. Improving the mental health of children and young people was also a priority for the National Programme.
What becomes evident is the high degree of trust required on the part both of the management group, and the Scottish Executive, in the market research process as a basis for informing the strategic direction. As one member of the management group suggested this was trust that had to be gained as part of a steep learning curve on the part of the management group.

**Accountability between ‘see me’ and the Scottish Executive**

From the accounts of those directly involved in the campaign and Scottish Executive stakeholders, the relationship between the management group and the funders could perhaps be characterised as a combination of both freedom and constraint: a combination that at times created a tension on both sides. On the one hand the campaign had, as noted above, a strong sense of its own identity and independence from the Scottish Executive, having been conceived independently of, and prior to, the inception of the National Programme and managed by a group with a strong sense of ownership over the ‘brand’. At the same time, the campaign was almost wholly funded from public monies, and therefore financially accountable to the Scottish Executive. As one of the repertoire of initiatives under the National Programme, it was also represented on the broad based National Programme National Advisory Group (NAG), and the National Programme Executive Group made up of representatives from all the delivery agents (see Chapter 7 below).

As also suggested above, the Scottish Executive and those involved in the campaign valued its relative autonomy: both in terms of how it was perceived and in terms of the freedom it gave from the constraints that might have been placed on it had it been done 'in-house'. There was also a recognition that it was a resource with expertise and able to draw on its own constituencies of interest. At the same time this relative freedom raised governance issues in terms of ownership and control over the message and the mode of its delivery. At times, for example, the Scottish Executive felt they were to an extent presented with a fait accompli about campaign launches rather than being consulted in advance.

The campaign documentary material also suggests tensions over 'ownership' of the campaign. A management meeting note in July 2002, for example, refers to the concerns on the part of the ‘see me’ management group that the Scottish Executive appeared "uncertain" about the nature of the relationship "and that ultimate responsibility and ownership of the campaign rests with management group not the National Programme Director and the Scottish Executive".

In terms of the focus of the campaign as a whole, and strands within it, ‘see me’ was not entirely autonomous. The proposals set out in the original [people too] business plan to include a focus on schools, the workplace and mental health literacy, for example, were discouraged by the Scottish Executive. On the other hand, an initial decision (in 2002) by ‘see me’ not to become involved in local 'not in my back yard' (NIMBY) campaigns over the location of secure mental health units was subsequently reconsidered. This followed a request by the then Head of the Mental Health Division in the Scottish Executive for the campaign director to assist with the communications dimension of the consultation being undertaken on the site for a forensic unit.
4.50 Over the period there was a shift from a comparatively arms-length relationship to a more managerial one on the part of the Scottish Executive, reflecting a growing concern with the governance and accountability for all parts of the National Programme. This resulted in a change of role of the Scottish Executive 'representative' on the ‘see me’ management group. Early in 2002 the ‘see me’ documentary data indicate that the Scottish Executive asked permission for a representative to be in attendance at what was still the [people too] management meetings. From the management's group's perspective the role of the representative was to share relevant Scottish Executive information with them and to inform colleagues within the Scottish Executive about the campaign. By 2006, with the creation of a new post in the Scottish Executive to oversee performance management of all part of the National Programme, the role of 'observer' had shifted towards one of 'Performance Management' and quarterly performance management meetings were held with the Scottish Executive, outwith the two-monthly ‘see me’ management meetings.

**Accountability within the ‘see me’ management group**

4.51 The five organisations comprise a management group, not a governing body. Early on within the management group there had been discussions about whether ‘see me’ should be run as an independent organisation, but it was felt internally that there were few advantages to be derived from setting up a new organisation. There were, however, early discussions about the need for a constitution or memorandum of agreement between the five organisations. This was not pursued because members agreed that these issues could be resolved among themselves.

4.52 For purposes of accountability, however, there was a requirement by the Scottish Executive for one of the five organisations to be identifiable as responsible for managing the funding and to present auditable accounts. SAMH agreed to take on this responsibility, also acting as an official signatory for contractual purposes, and providing, on behalf of the management group payroll, financial and recruitment services. SAMH also provided line management supervision to the campaign director.

4.53 The management group, however, comprises not just an alliance of five organisations, each with its own constituencies of interests and members, but also five individuals who not only represent their organisations, but bring their individual management experience. In this context the two issues which emerged were: ensuring parity of contribution by individual members of the management group; and constructing and maintaining the relationship between the campaign, the representatives on the management group and the organisations which they represent.

4.54 The interviews suggest the "robust" and "healthy" debates which took place within the management group prior to arriving at resolutions or compromise solutions with which everyone could feel comfortable. On the one hand, this space for debate was felt to add value to the outcomes. On the other hand it did require all participants to feel equally able to contribute. Minutes from management group meetings in both September 2002 and February 2004 suggest that not all participants did feel able to participate equally. The learning this suggested was the need to ensure that all members of the management group were of equal (managerial) status within their own organisations, so that all felt equally confident to contribute. Additionally, it was
suggested that this would help to ensure the strategic impact of the ‘see me’ campaign within their own organisations.

4.55 One of the values of the model, from the point of view of both the management group and the Scottish Executive was the different stakeholder groups to which the five organisations had access. The ‘see me’ documentary material draws attention to the need to develop processes for encouraging 'ownership' of the campaign within the five organisations, but also to manage the consistency and unity of the 'message' (about 'see me') across these organisations. In a sense this points up the difference between the members of the alliance as individuals and as 'representatives' of wider constituencies. At different stages throughout 2003-2006 different ways for raising the profile of the campaign within the five organisations were being proposed, for example, including two pages on ‘see me’ within annual reports.

4.56 At the same time, as a management group 'representing' 'see me' as a separate entity, there was also a perceived need to ensure the unity of the messages being given out by the individual alliance members and organisations. In July 2002, for example, it was agreed that neither the 'alliance' (as the management body) or ‘see me’ would have a public position on the mental health bill, and public comment would only be made where it presented an opportunity to put across the anti-stigma message. In 2003, concerns were being expressed about the unity of messages being given out about ‘see me’ and the need to "coach" and encourage people not to go "off message".

Between the management group and the operational arm of ‘see me’

4.57 The main link between the management group and the operational arm of the campaign was via the campaign director. The main issue to emerge was in relation to the boundaries between responsibility for strategic, 'creative' and operational decision-making in determining the direction and 'look' of the different campaign strands.

4.58 As early as September 2002, for example, documentary material suggests that concerns were being raised within the management group about how creative decisions were being made, and the management group's involvement in those decisions. The interviews and documentary material suggest there was a balance to be struck between a respect for the 'process' of consultation to ensure that the creative solutions would have resonance with the different target populations, and issues of accountability for the outcomes. The solution arrived at was for the operational arm to be responsible for developing the creative approaches but for the management group to ensure that it saw, contributed to and signed off the outputs from this process.

Staff team accountability

4.59 Within the team, the campaign director, at the time of the evaluation, had overall operational responsibility. The deputy director managed the staff and prepared the work plan for management group ratification.
4.60 An additional element that is an integral part of, but located outwith, this structure, is the communications agency appointed to provide the public relations input including creative development and design, advertising and media-related activity and evaluation. In a way which perhaps mirrors the tension between the Scottish Executive and the campaign as a whole, the documentary material suggests, on the one hand, an acknowledgement of the expertise and value that the communications agency were felt to bring to the campaign, and, on the other, concerns on the part of both the management group and the Scottish Executive about the relative costs of media buying and PR spend and value for money. These concerns surface in 2003, throughout 2004 and again in 2006. Notwithstanding these concerns, the communications agency continued to be the sole provider of advertising, design and PR activities throughout the period covered by the evaluation. ‘see me’ raised concerns about costs with the communications agency at regular intervals, and the fees were negotiated on an annual basis.

**Key Points**

- The early developmental phase evolved independently and outwith the Scottish Executive but was subsequently included under the National Programme umbrella. This pre-history gave the campaign a strong sense of internal cohesion as well as of its relative autonomy from the Scottish Executive.
- The campaign's five objectives evolved over time influenced by the knowledge and expertise of the management group, Scottish Executive imperatives and knowledge accruing from the field.
- The campaign takes a general population approach informed by a model of a 'journey' moving people from raising awareness to changing attitudes to effecting behaviour change.
- The campaign is funded through the Scottish Executive. Documentary and interview material suggests that aspects of the campaign were limited by a perceived lack of capacity. In particular there may have been a trade off in the later years between high level national campaigning and supporting local activity.
- External accountability mechanisms reflect the campaign's relative autonomy from the Scottish Executive. A shift, however, was apparent over time from a fairly arm's length approach on the part of the Scottish Executive, to a greater emphasis on performance management, reflecting the Scottish Executive’s desire to manage the performance of all aspects of the National Programme.
CHAPTER FIVE OPERATIONAL DEVELOPMENT OF ‘see me’

Introduction

5.1 To contribute to the evaluation aim of co-ordinating a detailed account of the development of ‘see me’, this chapter, drawing largely on documentary material, describes how elements of the operational infrastructure of the campaign were put into place.

Campaign staff

5.2 As anticipated in the [people too] project proposal, the campaign started with a staff complement of three: a campaign director, development officer and administrator. The campaign director was appointed in December 2001 and took up post in January 2002. The campaign development officer (CDO) and campaign administrator were in post by July 2002.

5.3 In response to capacity issues experienced in the first 18 months of the campaign, the management group presented proposals to the Scottish Executive for an increase in the staff complement to six whole time equivalent posts. Once agreed this enabled the appointment of a senior campaign development officer, who would also act as deputy campaign director, and two new campaign development officers. The increased staff complement was in place by mid-July 2003.

5.4 In August 2004 the campaign director and the management group agreed that one person in the ‘see me’ staff team should take responsibility for recruiting to, and maintaining, the media volunteers programme. The post of development officer (Volunteer Programme) was filled in May 2005. Initially this was funded solely from the ‘see me’ budget. Additional funding was subsequently made available to the campaign to support the expansion of the role to encompass the management of the media volunteer programme for the different elements of the National Programme.

Commissioning a communications agency

5.5 The appointment of the communications agency IAS Smarts (called initially Citigate Smarts) took place in May 2002 following a competitive tendering process. The brief for the tender stated that [people too] required a comprehensive, strategic approach, encompassing:

- Brand development
- Design and production of publicity and resource materials
- Web design
- Advertising
- Media initiatives
- Public relations.
5.6 The brief also proposed that market research and evaluation would play an integral role in the approach taken by the successful communications agency in order to demonstrate the effectiveness of the campaign. An approximate budget of £400,000 was proposed for planning and communications activity for the two-year period 1st April 2002 to 31st March 2004.

5.7 The brief was circulated in April 2002 to ten Scottish PR companies with the aim of shortlisting five companies for interview. Of the ten, eight agencies submitted a written proposal. In total, four agencies were shortlisted to present their proposals to the [people too] selection panel in May 2002.

5.8 Following the presentations the decision was between two of the agencies. Three members of the management group visited both agencies before making the final decision to appoint Citigate Smarts.

Developing the media volunteer programme

5.9 The concept of the media volunteer programme was put forward in the [people too] project proposal. As noted in Chapter 4, the programme was seen as both a way of drawing on "the power of personal testimonies" to effect changes in public attitudes and a mechanism for enabling people with direct experience to speak out on their own behalf.

5.10 The proposal also anticipated that [people too] would seek to gain support from celebrities to champion the anti-stigma cause and encourage those with personal experience of mental health problems to ‘come out’ and support the campaign.

5.11 Media volunteers were recruited prior to the launch of ‘see me’ in order for them to be available for press coverage. Subsequently, ‘see me’ also launched an appeal on the campaign website for individuals to contact them if they wanted their personal stories on stigma to appear as case studies on the website. ‘see me’ followed up some of the individuals who responded to the call for personal stories to explore whether they would be willing to talk to the media about their experiences. This helped to increase the pool of volunteers.

5.12 As Choose Life and Breathing Space became operational, they approached ‘see me’ to identify people who could speak out about their experiences in relation to their own areas of work. This approach formed the basis of a proposal to, and agreed by, the National Programme, for ‘see me’ to host the media volunteer programme on behalf of the other Programme delivery vehicles.
The media volunteer recruitment process

5.13 The documentary material suggests that the recruitment process for media volunteers was designed with the specific intention of introducing the media volunteers in a cautious and considered way to the concept of speaking to the media. A three-stage recruitment process was developed (see table 5.1). The objectives behind this process included:

- To develop a trusting relationship
- To ensure that people did not feel pressurised
- To allow people to think about the potential consequences of speaking out in public
- To allow the ‘see me’ staff to be certain that being a media volunteer was right for both the individual and the organisation.

Table 5.1 Media volunteer recruitment process

<table>
<thead>
<tr>
<th>Stage</th>
<th>Method</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Telephone interview</td>
<td>An initial conversation to explore the individual’s experience of mental health problems and stigma. The individual is guided through a series of questions designed to help the interviewer focus on the important issues for the individual involved.</td>
</tr>
<tr>
<td>Two</td>
<td>Face-to-face meeting</td>
<td>The face-to-face meeting helps to develop the relationship and provides the opportunity for questions. It also offers the opportunity to clarify the nature of the media volunteer's story.</td>
</tr>
<tr>
<td>Three</td>
<td>Media training</td>
<td>A consultant runs the media training. The aim is to build the confidence of volunteers in talking to the media and for individuals to acknowledge their own boundaries in relation to talking to the media (e.g. the types of media spoken to).</td>
</tr>
</tbody>
</table>

5.14 In July 2006, the media volunteer programme (including support to the other National Programme delivery agencies) had a pool of 48 volunteers willing to talk about a range of issues, including self-harm, anxiety, depression, secure care, suicide (attempted suicide, suicidal thoughts and bereavement by suicide), postnatal depression, workplace discrimination, recovery and stigma.
Co-ordinating the use of media volunteers

5.15 The media volunteer co-ordination works in two ways: proactively and reactively. Proactive work involves ‘selling in’ media volunteer stories linked to topical awareness campaigns, such as International Suicide Prevention Awareness Week or Men’s Health Week, or stories based on current issues, if, for example, the mental health of a celebrity is being reported widely in the media.

5.16 Reactive work includes responding to journalists or other media professionals who may contact the National Programme delivery vehicles (e.g. SRN) with requests for someone with experience of a particular issue to give an interview. The process in these cases for accessing the media volunteers is outlined in diagram 5.1 below.

Diagram 5.1 Process for accessing media volunteers

Journalist makes contact with the National Programme delivery vehicle or ‘see me’-s communications agency requesting an interview.

Details of request (e.g. deadline, type of media, type of story) are collated in a media volunteer form and emailed to the communications agency.

Communications agency's request to the development officer (Volunteer Programme) at ‘see me’ to decide which media volunteer would be most appropriate.

Development officer (Volunteer Programme) calls the media volunteer to gain consent (or not) and determine availability, support required, etc.

Development officer (Volunteer Programme) and communications agency finalise interview details and supports required.

If not in attendance during the media interview, the development officer (Volunteer Programme) calls the media volunteer before and after the interview.

Development officer (Volunteer Programme) contacts the media volunteer when the story appears in the media.
5.17 The process was designed to ensure there was no conflict of interest between the needs of the volunteers and those of the journalists. The communications agency focuses on working and building up relationships with the journalists and the media volunteer programme focuses on safeguarding and meeting the needs of the volunteers.

5.18 The documentary analysis and interviews with those directly involved in the campaign, media volunteers and other National Programme delivery vehicles indicate aspects of the media volunteer programme that were felt to have worked well. These include:

- Regular meetings between the media volunteer programme and all the Directors of the National Programme delivery vehicles
- The expertise the programme has developed in dealing with the media and the individuals who have volunteered
- The protection the process provides for individual volunteers to allow them to feel able to speak out (e.g. not answering specific questions or having their photo taken)
- The consistency of the process for accessing volunteers which is the same for all delivery vehicles
- The opportunity the programme provides for maintaining the continuity of messages from the National Programme.

5.19 Where criticisms were made of the programme, these tended to relate to aspects of the process rather than the purpose behind it or its mode of delivery. For example:

- A view among several of the National Programme delivery vehicles that the process for accessing volunteers was not necessarily appropriate to their particular way of working
- The perceived time-consuming nature of the process for accessing a media volunteer
- The perceived uneven spread of the media volunteer pool across Scotland. It was suggested, for example, that there were no media volunteers from the Western Isles. People from black and minority communities were also perceived to be under-represented
- The perceived difficulties of access arising from holding the media volunteer training in Edinburgh or Glasgow.

**Monitoring the media**

**Stigma Stop Watch**

5.20 Like the media volunteer programme, the concept of Stigma Stop Watch was outlined in the original [people too] project proposal in 2002. The main aim of Stigma Stop Watch was to challenge journalists’ language and tone in their reporting.
on mental health issues and in more generic stories, including the use of derogatory terms.

5.21 Stigma Stop Watch is the process by which ‘see me’ acts on items of media reporting which merit a response – either because the item is negative or positive. Responses come through a number of routes:

- The campaign director or management group may respond directly, with the response either published or unpublished;
- The item may be put on the ‘see me’ website, with a request for individuals to contact ‘see me’ with their views or take action if they wish to; and/or
- The item may be emailed to a bank of individuals (Stigma Stop Watchers) who have been identified as willing to respond to individual instances of stigma in the media. Stigma Stop Watchers are also kept informed through a monthly bulletin and annual report.

5.22 Stigma Stop Watch was launched in March 2003, and became fully operational in relation to the media in September 2003, extending to other spheres, such as local advertising, in 2004. This followed the commissioning of a custom built database in 2004 with the aim of improving systems for tracking and monitoring both media and non-media occurrences of stigma. In November 2006, there were 1100 Stigma Stop Watch members.

An average of 10-12 Stigma Stop Watchers respond to an alert from ‘see me’.

**Media monitoring**

5.23 The Press Data Bureau provides a scanning service on behalf of ‘see me’, covering all Scottish press titles (including national, local and regional press) plus major UK dailies (including Sunday editions) and trade press, on a daily basis. Media monitoring also includes coverage in other media, if items are brought to the attention of ‘see me’.

5.24 In addition to capturing coverage of ‘see me’ and the alliance of organisations on the management group, media monitoring allows ‘see me’ to monitor, over time, the amount of coverage of mental health issues (including suicide), the nature of the mental health issues covered, and the quality of the coverage (is the reporting positive, accurate, mixed or negative). It also enables ‘see me’ to identify items which require Stigma Stop Watch action. Diagram 5.2 describes the media monitoring and Stigma Stop Watch process.
5.25 Information from media monitoring and Stigma Stop Watch is intended to provide intelligence to inform campaign messages and activities, so that areas of weakness can be addressed, and strengths built upon. Additionally, the media monitoring provides a vehicle for monitoring the reach of the campaign as well as identifying potential partners.

Working with the media

5.26 Since its inception as [people too] it was anticipated that a significant strand of the campaign's work would be media focused. In addition to the work of the media volunteers and Stigma Stop Watch, this has included:

- **Media guidelines.** In the first year of the ‘see me’ campaign; media guidelines were produced to provide information to journalists and media professionals on how to report mental health problems. Subsequently, ‘see me’ in partnership with the Scottish National Union of Journalists produced a set of guidelines on ‘Reporting of Mental Health and Suicide by the Media: a practical guide for journalists’
- **Media oriented campaign launch materials.** These include, for example, the distribution of a ‘swear-box’ to media organisations and individuals with a slot for a coin for whenever an inappropriate word is used in relation to mental health
- **Media sponsorship awards.** To provide a vehicle to praise positive and balanced reporting the campaign has sponsored media awards including a special category in the Scottish Newspaper of the Year Awards
- **Factsheets.** The campaign has produced factsheets on a range of topics relating to mental health including depression, eating disorders, manic depression, mental health, discrimination and human rights, the National Programme, recovery, schizophrenia, self-harm and employment. The aim of these is to provide factual information on mental health and to encourage factual and non-stigmatising reporting of mental health.
Working with local areas

5.27 It was anticipated in the original [people too] proposal that the campaign would link and work collaboratively with a range of local areas and with others working in anti-stigma and mental health promotion.

5.28 The patterns of partnership working which have developed are described in more detail in Chapter 7. Operationally, campaign development officers were not only allocated responsibility for particular strands of activity, but also for liaison with different parts of Scotland.

5.29 One campaign strand in support of local working was the development of the ‘see me’ anti-stigma Pledge (see box 5.1), launched in 2003. The idea behind the Pledge was that it provided an opportunity for local and national organisations to make a formal and public commitment to work with ‘see me’ to eliminate the stigma associated with mental health problems in their environments.

Box 5.1 The ‘see me’ anti-stigma Pledge

“We are committed to work as part of the ‘see me’ campaign to challenge the stigma associated with mental ill-health and to eliminate the discrimination experienced by people with mental health problems”.

5.30 Signatories of the Pledge include mental health charities, schools, colleges and universities, local authorities, NHS boards, emergency services and football teams.

Website development

5.31 Construction of the campaign website began in September 2002, and went live in conjunction with the campaign launch in October 2002 (www.seemescotland.org.uk).

5.32 Initial work on the website was managed by the campaign development officer and the senior campaign development officer. In October 2005, day-to-day management of the website was passed to the campaign administrator, with responsibility for content, tone and overall ‘look and feel’ issues resting with the deputy director.
5.33 An evaluation of the website was undertaken in June 2004, and an accessibility audit undertaken by the University of Dundee in early 2005. In June 2006, a decision was taken to develop a new website, as the old one was felt to be increasingly unfit for purpose. Management group and key staff were involved in a planning event, held in September 2006.

5.34 In October 2004 a separate micro site for children and young people was developed (www.justlikeme.org.uk) to coincide with the launch of the young people’s strand of the ‘see me’ campaign,

**Key Points**

- The campaign has grown in size, and at the end of the evaluation period comprised a core of eight staff drawing on the expertise of a communications agency commissioned to undertake creative development, implementation and research and evaluation.
- In addition to the high level campaign strands, the campaign had developed a number of different mechanisms for getting its message across including the Media Volunteers programme, which was subsequently expanded to support other National Programme initiatives, Stigma Stopwatch, media monitoring, media guidelines, as well as work with local areas.
CHAPTER SIX  THE CAMPAIGN IN PRACTICE

Introduction

6.1 As indicated in Chapter 1, ‘see me’ has broadly drawn on social marketing approaches to realise the campaign's objectives. To understand the development of the campaign's activities, this chapter explores in more detail how this approach has been interpreted in practice together with an analysis of the application of these principles in relation to one campaign strand.

Applying the Social Marketing model

6.2 Social marketing describes the use of commercial marketing techniques to influence behavioural change for a social good (Stead et al, 2007; National Social Marketing Centre, www.nsms.org.uk). The communications agency commissioned by ‘see me’ described it as marketing an issue, as opposed to a product, with the potential to impact on individuals, communities and society as a whole.

6.3 The ‘see me’ campaign was not originally conceptualised in social marketing terms. Evidence from interviews with key ‘see me’ personnel and the communications agency indicates that it was the previous experience of IAS Smarts in implementing social marketing approaches that encouraged ‘see me’ to adopt this model. It was, however, an adapted form of social marketing, combining the creative development, implementation and evaluation processes of social marketing, with what ‘see me’ personnel described as community development approaches to encourage local level engagement. This drew on evidence from other countries, such as New Zealand, that suggested the effectiveness of 'bottom up' approaches.

6.4 Across the range of evaluation participants there was broad agreement on the need for the campaign to draw on both social marketing and community development approaches. However, there was some disagreement on whether the right balance had been achieved. While some felt that ‘see me’ had got the mix of approaches right, others felt that there had perhaps been too much emphasis on social marketing at the expense of supporting local activity. The perception among the latter was that while there were pockets of good practice in local areas, the picture was patchy across Scotland as a whole. It was felt that there was more potential for sustainability through building local anti-stigma activity and support.

The ‘see me’ campaign approach

Behavioural goals

6.5 As discussed in Chapter 1, ‘see me’ adopted a developmental and linear approach to tackling stigma and discrimination: beginning by making "a non issue an issue" and capturing the attention of the public; before moving on to attitudinal shift followed by behavioural change. This directional change from awareness to attitude
to behaviour was repeatedly articulated by the management group and communications agency as the goal of ‘see me’. The campaign has always worked on the premise that it takes a generation to effect attitude and behavioural change (to complete the whole cycle from beginning to end), although the process of generational change was not mapped out more fully, reflecting perhaps, the difficulties in identifying effective agents for change.

**Consumer orientation**

6.6 The overall tone of the campaign has been set with the agreed change process in mind. Initially, three different types of ‘argument’ were developed and tested by the communications agency:

- Informative and educational
- Engaging
- Hard hitting.

6.7 According to documentary evidence, professionals within the mental health sphere preferred the first approach, whereas the last was preferred by mental health service users. Focus group research undertaken by ‘see me’, indicated that adopting an informative approach could risk weakening the overall message, whereas implementing a hard hitting accusatory approach could risk alienating the public. Consequently, the middle ‘see me…I'm a person like you’ approach was adopted to try to encourage and bring the public on side. Working with where the public and the media were “at” was viewed as a key feature of ‘see me’’s approach.

6.8 In this way, the views of the general public, who ‘see me’ perceived as the target audience, have been taken as paramount to ‘see me’ and to how the campaign is developed. Professionals and service users and carers have had opportunities to present their views, but since these were not perceived by the campaign as being the target audience, in the sense of not the population group among whom it was hoped to effect change, it was felt that they were not necessarily best placed to comment on campaign materials. This had led to some frustrations being expressed by users and professionals, some of whom felt that consultation processes were a mere tick box exercise.

**Stages of ‘see me’ campaign development process**

6.9 The ‘see me’ campaign development process consisted of a number of stages, which utilised research and consultation methods to develop and refine the campaign messages and materials.

**Pre-development research**

6.10 In the pre-development stage, ‘see me’ and the communication agency IAS Smarts gathered information and statistics relating to stigma in the context of the
theme of the campaign strand together with examples of other relevant approaches or models.

6.11 The pre-development research also included consultation with users, carers, professionals and target groups to understand the nature of stigma, the issues that affect them, and what, if anything, they would like to see done to address these issues. Consultations at this stage took the form of surveys, focus groups and round-table discussions. These consultation exercises were also used to gather views and perspectives on previous ‘see me’ campaigns, to understand some of the perceived strengths and weaknesses of previous approaches.

**Creative testing**

6.12 A first attempt at possible campaign materials was designed and tested with samples of the target audience, for example employers and employees for the workplace campaign, or young people for the young people’s campaign. Approaches were also sometimes tested on a sample of service users and carers. A number of different approaches were tested in focus group formats, with attention paid to the applicability of the materials, likely effectiveness, and the tone and style of the messages and visuals. Materials were also discussed with the management group at this stage, to ensure that they were true to the agreed brief or campaign proposition. Materials were developed or rejected following this stage.

6.13 The team then refined the detail of the campaign materials through further discussions with focus groups.

**Public consultation**

6.14 The third stage of the campaign development process involved a number of public consultation and information gathering exercises, which aimed to provide a further check on whether the messages developed were appropriate and to provide further evidence of stigma as it affects individuals. This evidence was utilised to provide the public and media with further information alongside the campaign materials and to shape any launches or case-study input.

**Campaign launch and ongoing dissemination activities**

6.15 A co-ordinated campaign launch was arranged by ‘see me’ and IAS Smarts, comprising a number of different approaches and interventions. These have included:

- A pre-launch 'warm up' in which previous ‘see me’ campaigns are re-run to “re-awaken” the public to ‘see me’ and the anti-stigma message
- TV, radio and cinema adverts
- Posters, leaflets and dedicated websites
- A centralised media launch, with relevant media volunteers and stories available
- Work with local organisations and agencies to develop related local campaign activities.
Activities relating to individual campaigns sometimes took place over a protracted timeframe. For example, 'see me' recognised a need to keep drip-feeding the campaign messages through articles, interviews etc., to keep the issue on the public’s "radar".

**Evaluation and review**

6.17 Following the campaign launch, data about the effectiveness, reach and impact of the campaigns were collated by ‘see me’ and IAS Smarts through:

- Monitoring information, such as material orders, website hits etc.
- Omnibus and street surveys designed to test recall and understanding of the key messages
- Focus groups and questionnaires.

6.18 The campaign development process was intended to be a cyclical one, with information from the evaluation phase feeding in to further development phases.

**The ‘see me’ brand**

6.19 The name ‘see me’ came from a focus group, and the four dots after the name in the ‘see me….’ logo represent the 1 in 4 statistic indicating that one person in four will experience a mental health problem at some point in their lives. The ‘see me’ team and the communications agency have created a well-recognised brand. This brand is held by SAMH rather than the Scottish Government; giving SAMH the potential to continue ‘see me’ branded activities even if government funding were to end.

6.20 This brand is used for all ‘see me’ developed and sponsored activities, both at a national level, and locally with its partners as well as on a range of marketing materials which can be provided and used by organisations in the context of their anti-stigma activities.

6.21 Quality control over usage of the ‘see me’ brand was identified as an important issue by ‘see me’. It was also argued by a number of evaluation participants that maintaining a strong and consistent anti-stigma brand across Scotland was crucial for maximising the impact of the campaign and its messages. Having a range of different anti-stigma brands in existence risked diluting the messages and the quality of those messages.

6.22 However, at the same time, it was argued that ‘see me’ should not be too heavy handed in its approach to brand control, or seek to “monopolise” all anti-stigma activity. As illustrated by local anti-stigma activities such as Positive Mental Attitudes in Glasgow, and HUG in the Highlands, there has been no obligation placed on local or national organisations to employ the ‘see me’ identity when developing activities to tackle the stigma experienced by people with mental health problems.
**Perceived strengths of ‘see me’’s social marketing approach**

6.23 Among the evaluation participants, the perceived strengths of ‘see me’’s social marketing approach include:

**Inclusiveness**

6.24 Through combining social marketing with community development approaches, it was felt by ‘see me’ that their campaign maximised inclusiveness. It was argued that a wide range of individuals could participate in the campaign, whether at the product testing or implementation phases. At the same time, the campaign also benefited from having one organisation to drive it forward.

**Systematic and evidence based**

6.25 ‘see me’’s campaign development process was felt to be systematic, with clearly defined stages. Because of the perceived transparency of this process, and the evidence informing campaign material development, individuals and organisations could have faith in the campaign outputs and messages. The process was also something in which the ‘see me’ team members were confident, and which they could use to justify their decisions if challenged.

**Perceived limitations to ‘see me’’s social marketing approach**

6.26 At the same time, evaluation participants highlight what they perceived could be the limitations to the approach adopted by ‘see me’:

**Limited scope for impact**

6.27 Some participants questioned the extent to which a social marketing campaign aimed at the general public can effect change. It was felt that the focus of the ‘see me’ campaign had been too broad based to have any real impact on attitudes or behaviours. It that also suggested that any impact on public perceptions of mental health problems achieved through ‘see me’ were likely to be fragile, and that one negative media story could undo all the previous good.

6.28 Further, although evaluation participants felt that the ‘see me’ brand was well known, some did question the extent to which this awareness lay mostly within the mental health community rather than among the general public at large. Data from the most recent ‘Well? What do you think?’ survey (Braunholtz et al, 2007) do indicate that 37% of all those questioned had heard of ‘see me’. Amongst those without a direct or indirect experience of mental health problems, however, this awareness does decline to 21%. The implications of this will be returned to in Chapter 10.
Although related more to the campaign remit than its approach per se, it was also suggested by some participants that, in an ideal scenario, actions aimed at tackling the stigma experienced by people with mental health problems should encompass not only campaigning but also mental health awareness and anti-discrimination activity. There had been some discussions between ‘see me’ and the Scottish Executive about where the boundaries of ‘see me’’s role lay, but it had been agreed that mental health education was not within their remit. Mental health education was being pursued through Scottish Mental Health First Aid, led by NHS Health Scotland.

**Exclusiveness**

While ‘see me’ was recognised to be inclusive, evaluation participants (from outwith ‘see me’) were unclear about how individuals were selected for focus groups, and a concern was raised that certain groups, including those who were socially excluded, may be at risk of also being excluded from the campaign development process.

Although there were opportunities for service users, carers and professionals to express their views, as described earlier there was also a view among some that their perspectives were not given as much as weight as those from the population groups which ‘see me’ had identified as target groups for effecting change. It was felt that this might be one reason why suggestions for targeting the NHS, for example, were perceived not to have been progressed by ‘see me’ to the extent that had been hoped. This was not the viewpoint of all participants, however, and others felt that there was scope for them to be involved in campaign development with ‘see me’.

Another dimension to exclusiveness may be the concern expressed that the campaign could come to view self-promotion as an end in itself, rather than the first step in a process of attitude and behaviour change that extended beyond brand awareness.

**Developing the employment and workplace campaign strand**

As previously outlined, since the inception of the ‘see me’ campaign in 2002, there have been a number of campaign strands tailored towards specific audiences. These strands of the national ‘see me’ campaign all broadly followed the social marketing model described above.

To provide an in-depth examination of the issues involved in developing a campaign, the following draws on documentary material to describe the development and implementation of the Employment and Workplace campaign strand (EWP) launched in 2004.
The development of the idea

6.35 As outlined in the [people too] draft project proposal, the NHS was considered a key target area on which to focus anti-stigma activities. This was identified through discussions and consultations with users of mental health services who had consistently argued for the need for the NHS to be more aware of the stigma of mental health problems both in terms of attitudes of NHS staff and in service provision. In the final [people too] project proposal agreed by ‘see me’ and the Scottish Executive, the focus had been broadened to a commitment to targeting employers and those who work in public services.

6.36 Following a subsequent process of focus groups and discussions with the field in the course of 2002, the campaign director advised the management group that one of the emerging target groups for the campaign was the workplace.

6.37 The National Programme Action Plan 2003-2006 also anticipated linking ‘see me’ with the Scottish Executive Equalities Unit to address stigma and discrimination in employment and the workplace.

6.38 Because the NHS is the largest single employer in Scotland, and because it employs people at every level and location, it was again initially considered as the focus of the EWP campaign. However, following concerns from within the Scottish Executive and the ‘see me’ management group that by focussing on the NHS it would pigeonhole the issue of stigma to one of health, when in fact stigma affects everyone and all services, the decision was made to focus on public services as a whole. It was therefore agreed to target the NHS from a different angle – as an employer. It was hoped that this would produce positive outcomes on two levels:

• In terms of service provision: it would encourage more people to seek help for mental health problems: and ensure appropriate physical health care for people with mental health problems
• As an employer the NHS would become better at supporting people with mental health problems in the workplace.

Aims and objectives of the EWP campaign strand

6.39 In line with the campaign’s remit, it was emphasised early on in the development of the EWP campaign strand that ‘see me’ would not be actively involved in supporting people with mental health problems in the workplace. Instead, its main aim was to create a starting point from which to tackle stigma in the workplace, but highlighting the impact of stigma on employees and organisations and promoting better practice in supporting employees to take up posts, remain at or return to work where appropriate. Box 6.1 summarises the aims and objectives of the EWP campaign strand.
Box 6.1  Summary of aims and objectives of the Employment and Workplace Campaign strand

<table>
<thead>
<tr>
<th>Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To raise awareness of the importance of tackling stigma towards people with mental health problems in workplace settings</td>
</tr>
<tr>
<td>• To raise awareness of the Disability Discrimination Act</td>
</tr>
<tr>
<td>• To challenge negative attitudes among employers and employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To ensure the anti-stigma message was applicable to as wide a range of employers, professional groupings and work-related settings as possible</td>
</tr>
<tr>
<td>• To consult and work with a range of appropriate stakeholders (e.g. Trade Unions, employers organisations, professional bodies and other appropriate groups)</td>
</tr>
<tr>
<td>• To build on relationships already established with those involved in local anti-stigma action targeted at local employers and service providers</td>
</tr>
<tr>
<td>• To use the media to highlight examples of good practice</td>
</tr>
</tbody>
</table>

Development of the EWP campaign strand

6.40 The EWP strand development process is outlined in diagram 6.1. In planning the campaign, ‘see me’ considered three factors:

• That the campaign strand was fit for purpose and that resources were committed to projects that would achieve maximum effect
• Consideration of other work being done in the field and to link in with this work to ensure effective collaboration
• That the development of this strand could present an opportunity to cement the links the campaign had made with local areas.
Diagram 6.1  Employment and the workplace strand campaign development timeline

- **Project Proposal sets out NHS as key target area**
- **Decision to focus on employment and workplace as a whole due to management group concern over targeting NHS**
- **Research to determine if stigma is an issue in the workplace - includes national, local and international data**
- **Findings of Phase 1 consultation presented to PR team by Christmas 2003 so creatives can be prepared for early 2004**
- **Phase 2 of focus group testing commence December 2003 to gather ideas and evaluate existing campaign**
- **Creatives produced by PR team January 2004 for phase 2 testing**
- **Phase 3 of creative testing to refine the campaign**
- **General public workplace attitudes survey**
- **'Goalie' ad re-run 10-20th June to re-acquaint public with messages**
- **PR activity concentrated around week of 28th June 2004 with launch on 1st July**
- **Campaign launched 1st July 2004. Not an official press launch but culmination of series of activities throughout the week**

- **2002**
- **2003**
- **2004**

- **Key allies identified for workplace campaign**
- **Research and current practice identified through research activity**
- **Phase 1 of focus group testing commence December 2003 to gather ideas and evaluate existing campaign**
- **Service user workplace questionnaire**
- **Four creatives being produced to mirror media volunteer profiles. Even gender split and one character Asian. Informed by phase 2 & 3 testing**
- **Media volunteers matched to assignments prior to launch.**
- **Strategic mailing sent to all senior key figures in Scotland about campaign. Wider mailing to range of other contacts**
- **To encourage local work, utilisation of existing links to promote campaign and support local activities**
6.41 The process of campaign development can broadly be divided into three main stages:

- Research and audit
- Creative development and testing (focus groups)
- Obtaining contextual information.

**Stage 1 Research and audit**

6.42 To determine the nature of stigma in relation to employment and the workplace and to inform the focus of the employment and the workplace campaign, available statistical data, literature and current practice were reviewed.

**Stage 2 Creative development and testing**

6.43 Preparatory to the creative development and testing, the ‘see me’ campaign team made contact with Scotland's Health at Work (SHAW)\(^7\) to advise them that they were going to be developing a campaign specifically aimed at employers and the workplace. Members of the ‘see me’ team attended a SHAW conference and asked employers present if they would like to be involved in the campaign development process. In addition to this, SHAW circulated all their advisors asking them if they were aware of any companies or employers willing to participate in the development of the EWP campaign strand. Volunteers for the creative testing process came from this structured approach through SHAW, contacts from conferences, contacts from previous campaign activities and other campaign contacts.

6.44 A three-step creative development process followed this pre-development phase. This involved focus groups with an emphasis on local area involvement and including service users, employers, employees and professionals. They took place in urban, rural and island communities

- Step 1: Eight focus groups in two areas with the aim of obtaining views on the ‘see me’ campaign and obtain ideas for possible campaign materials for the EWP campaign strand
- Step 2: Ten focus groups across Scotland to test campaign materials developed following the Step 1 focus groups
- Step 3: Four focus groups with four employers to refine the campaign materials.

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\(^7\) In 2005 SHAW was absorbed into the Scottish Centre for Healthy Working Lives
**Obtaining contextual material**

6.45 Running in parallel was a process of collecting contextual material to support the campaign messages. This comprised a web-based survey of people with lived experience of mental health problems, who were currently engaged or had been recently engaged in the workplace, and a bespoke survey of public attitudes in the workplace. The two surveys were conducted in parallel in April and May 2004.

6.46 The purpose of the web-based survey of people with lived experience was to measure the perceptions of the extent of stigma and discrimination in the workplace. The survey generated a total of 195 responses.

6.47 The bespoke survey of the general public was conducted with 502 adults. The purpose was to gauge the likely relevance of the ‘see me’ campaign to the workplace and to explore public attitudes to mental health in the workplace.

**Launching the EWP campaign strand**

**Publicity material**

6.48 Following the creative development process four images were produced for the EWP strand of the ‘see me’ campaign. These were developed from the process but also mirrored media volunteer employment and mental health profiles, ensuring that the materials used in the campaign were backed up by personal stories which could provide context and ensure validity when the campaign was launched to the media and the wider public.

6.49 It was agreed that there needed to be an even gender split with two women and two men and one of the male characters would be Asian. The creative focus would be on the name badges of the individuals in each image, which would contain their job title but with their mental health problem where a name should be (the Manic Depressive Data Analyst, the Depressive Nurse, the Schizophrenic Storeman, and the Depressive Mechanic). The images were made available as A4 posters and A6 postcards. The postcards had the images above on one side, with printed information on the reverse (see Annex 4).

6.50 In addition to the national publicity campaign, a range of materials were developed for use by employers, made available for download from the ‘see me’ website. Materials included a screensaver, desktop wallpapers (see Annex 4), factsheets and information on how to support someone with mental health problems in the workplace. The website also included links to information produced by other relevant organisations.

6.51 In addition to the visual publicity materials, ‘see me’ produced radio advertisements that were intended to be more detailed and personal to sit alongside and complement the visual images.
6.52 It was agreed that one of the most effective mediums for accessing people in the workplace was radio, for a number of reasons:

- Many workplaces listen to radio throughout the day
- A large number of employees and employers listen to the radio on their daily commute to and from their place of work
- Through using local stations, the ‘see me’ message could be given a local emphasis.

**The launch**

6.53 Prior to the official launch, ‘see me’ received an additional £50,000 grant income from the National Programme to enable the campaign to rerun the ‘Goalie’ advertisement, used in the year one ‘see me’ campaign, during Euro 2004 (between the 10th and 20th June 2004). The purpose was to access a young male target audience, but also to reacquaint the public with ‘see me’ prior to the launch.

6.54 A strategic mailing was also sent to key figures in Scotland about the campaign and a wider mailing was sent to all ‘see me’ and management group contacts.

6.55 A series of activities throughout the week of the 28th June 2004 culminated with the launch on the 1st July 2004. The radio advertisements for the campaign strand were aired on local and national radio stations between the 5th and 24th July 2004.

**Media activities**

6.56 Media volunteers who had experienced stigma and/or discrimination in the workplace, recruited prior to the launch of the campaign strand featured in a range of media coverage. During the launch, all six core media volunteers and one anonymous case study were used to support the PR activity.

6.57 Following the launch, the EWP campaign strand message featured in 13 national and regional press titles, two national television programmes, nine national and local radio programmes and on BBC online and a number of smaller websites. This included coverage in the Sunday Herald, the Press and Journal, the Big Issue Scotland and on BBC Good Morning Scotland.

6.58 In addition to the mainstream media, the IAS Smarts team targeted media relevant to employment and the workplace including, for example, journals and periodicals associated with trade unions or with specific industries.
Local networks and campaign activities

Local networks

6.59 It was agreed early in the development of the EWP campaign that a network of local ‘champions’ would help to guide ‘see me’ whilst the campaign itself would also engage with the major decision-makers. The EWP campaign drew on local networks by involving them not just in the delivery of activities, but also in shaping the campaign through the creative development process.

6.60 ‘see me’ worked with SHAW teams, including supporting the development of the SHAW mental health commendation award launched in October 2004 and with local SHAW-registered companies locally. The campaign also drew on existing links in areas such as NHS Ayrshire & Arran and NHS Grampian to champion the EWP campaign strand locally. Activities were also planned in Lanarkshire, Shetland, Tayside, Argyll & Clyde and Orkney, again building on existing links with local networks.

6.61 The reach of the campaign is suggested by documentary data on the pattern of orders for the workplace materials: Local authorities and Higher Education/Further Education establishments ordered over 10,000 items each. Local SHAW coordinators ordered over 7,000 items, and trade unions, individual employers and supported employment initiatives ordered between 4,000 and 5,000 items.

Key points

- The campaign draws on the creative development, implementation and evaluation processes of social marketing, combined with what it describes as community development approaches to encourage local uptake.
- The perceived strengths of this are its inclusiveness in involving people in the design development and implementation and its systematic and evidence based approach. Some of those outwith the campaign suggested that, as a model, it may be limited in its scope to effect change. There was also a perception that some groups might be at risk of being excluded from the campaign development process.
- The Employment and Workplace campaign strand provides an example of the social marketing process in practice. Initially intended to focus on the NHS as an area identified through focus groups as a source of stigma and discrimination, this was subsequently expanded to the 'workplace' as a whole.
- The campaign strand, launched in July 2004, went through a detailed pre-testing and development process.
CHAPTER SEVEN WORKING WITH OTHER STAKEHOLDERS

Introduction

7.1 One of ‘see me’’s objectives is to work collaboratively with people and organisations across Scotland at national and local levels and across sectors and communities of interest. To explore the extent to which the campaign has met this objective and to further contribute to a detailed account of the development of ‘see me’, this chapter draws on interviews, workshops and a survey of NHS Board areas to describe the nature and extent of joint working from the perspective of the other National Programme delivery vehicles, local areas and other stakeholders.

Working with other National Programme delivery vehicles

7.2 As part of the process of examining whether and in what ways the campaign has been integrated and co-ordinated with other elements of the National Programme, a combination of telephone and face-to-face interviews were undertaken with 11 representatives of eight of the delivery vehicles. The following is based on the perceptions of these interviewees.

7.3 In terms of integration of purpose, the different delivery vehicles saw ‘see me’ as broadly complementary to their own objectives. From the point of view of Choose Life, for example, reducing the stigma associated with mental health problems would encourage earlier help seeking and contribute to suicide prevention. Other delivery agencies acknowledged that they were all part of the same broad agenda, but had different emphases.

7.4 Structurally, representatives of the delivery vehicles were members of the different national co-ordinating bodies set up by the National Programme over this period: the National Programme Advisory Group, the National Programme Implementation Group, and subsequently the National Programme Executive Group. From the perspective of the different delivery vehicles, these fora were largely mechanisms for informing the national programme director. The comments made in the course of interviews suggest that outwith these umbrella bodies the different agencies may work relatively independently of each other: working relationships and links being largely informal or practical in nature.

7.5 Specifically in the context of links with ‘see me’ different delivery agencies were using their own networks to disseminate information about the anti-stigma campaign and/or distributing ‘see me’ materials in a public arena such as conferences. Agencies or individuals also took part in ‘see me’ focus groups, or discussions in relation to specific campaigns, or when different approaches were being tested. Those interviewed did not, however, feel they had a strong influence over the direction or focus of the different ‘see
me’ campaign strands (nor vice versa in relation to ‘see me’’s influence over elements of their own work). The one area where there was perhaps greatest influence was in relation to the young people’s strand, where concerns about ensuring people working with young people were forewarned and that there was a link to sources of information for young people were felt to have been taken on board by ‘see me’.

7.6 Outwith these points of contact, the interviews with the representatives of the different delivery vehicles suggest that the degree of joint or integrated working between each of them and ‘see me’ was variable and could be comparatively limited. In fact, the interviews suggest three broad types of relationship had developed. First, a reciprocal working relationship, characteristic of the links between ‘see me’ and Choose Life. On the one hand, ‘see me’ trained and supported the media volunteers who supported the work of Choose Life, and on the other hand, ‘see me’ ‘worked with Choose Life local co-ordinators in a number of areas to encourage local anti-stigma activities. ‘see me’ and Choose Life had also worked in collaboration to develop media guidelines on reporting suicide and mental health problems.

7.7 Other relationships were more asymmetrical and largely based on using ‘see me’ as a resource. The Scottish Centre for Healthy Working Lives, for example, drew on ‘see me’’s resources to develop the anti-stigma component of its mental health commendation award. NRCEMH had fewer direct links with ‘see me’, but the two agencies had each worked in support of the Greater Glasgow and Clyde NHS Board anti-stigma partnership to research and develop anti-stigma resources for black and minority ethnic communities.

7.8 The third set of relationships were those in which the delivery agency and ‘see me’ were perceived to be largely "ploughing their own furrows", aware of, but not working closely together or jointly.

7.9 Even where sharing a joint resource, such as the media volunteer programme set up and managed by ‘see me’ on behalf of the National Programme, there was a sense from the comments made by several delivery agency representatives that they had little input or control over the process and purpose of the media volunteer programme. In the words of one respondent, they felt they were presented with a "fait accompli", in a way that discouraged them from using the service more intensively (this process is discussed in Chapter 5).
7.10 It was suggested that workforce capacity may have limited the opportunities for greater joint working: each agency was working to fulfil its own agenda with little scope to pursue work in collaboration. Arguably, the combination of their own agenda and their relative independence and autonomy from each other may have worked against opening up the space for more integrated working. Indirectly, this may also discourage 'mainstreaming' in the sense that anti-stigma work is seen as the role, and expertise of ‘see me’ rather than of the individual delivery vehicles. Paraphrasing one respondent, "'see me’ is quality-rated and valued, so I don't feel I have to put in more input, because they are doing a good job". This does suggest that there is a risk that activities to address the stigma experienced by people with mental health problems is seen as the sole responsibility of one agency, rather than an integral part of the work of all the delivery vehicles.

Working with local areas

7.11 To support the development of local activity, ‘see me’ set up a national anti-stigma network in 2003 and held a number of events. The network was subsequently discontinued following a review because "it proved difficult and resource-intensive to sustain the momentum once participants returned to their local areas" (‘see me’, 2006). The same documentary source refers to ‘see me’ putting more effort into supporting "local anti-stigma champions". Although little reference was made to this network by those interviewed in the course of the evaluation one person did refer to attending a "good two-day event" and regretted that this had not been repeated, and participants in a local area workshop did suggest there would be a value in reinstating the network to support learning from across local areas.

7.12 To map the extent and pattern of local anti-stigma activity across Scotland as it relates to people with mental health problems, and the nature of collaboration between ‘see me’ and local areas, a web survey of the 15 NHS Board areas in Scotland was undertaken as part of the evaluation. Following the survey, three local areas (Greater Glasgow and Clyde, Tayside and Western Isles) were selected to take part in workshops to obtain a more detailed picture of local implementation.

7.13 Thirteen of the 15 local areas responded to the NHS Board Area survey, 12 of whom gave examples of local anti-stigma activity involving ‘see me’. Respondents were asked to indicate up to three activities undertaken with ‘see me’ input. Across the 12 areas a total of 28 activities were described (see Annex 5). Seven of the 12 areas were able to describe at least three activities. The most frequently cited types of anti-stigma activity were:

- General population awareness raising, through radio, advertising on buses, distributing materials, public anti-stigma Pledge signing, and stands at agricultural shows (6 activities)
- Promoting ‘see me’ anti-stigma messages through sporting events, football clubs and volleyball teams (5 activities)
- Anti-stigma work with children and young people, including attitude surveys, peer support, drama and awareness raising (4 activities).

7.14 Evidence from the workshops in three areas suggests that activities were pursued to reflect the contexts in which stigma was viewed as an issue locally. In one area, for example, the focus was on key services such as housing, benefits and health with the aim of ensuring that stigma did not become a barrier to access for people with mental health problems.

**Nature of ‘see me’’s involvement**

7.15 ‘see me’ was invited by local areas to become involved in relation to 15 of the 28 identified activities; 12 activities were pursued following an initial approach by ‘see me’ (no information was provided by one respondent).

7.16 Asked about the nature of ‘see me’’s involvement in local activities, the most frequently cited input was the provision of materials including leaflets, T-shirts and football strips, surveys, radio advertisements and competition prizes (15 activities). ‘see me’ was involved in a more strategic, or advisory, capacity in seven activities. Advice and support given by ‘see me’ included how to respond to negative media reporting, support with research and communication skills development and advice on developing local campaign messages. In terms of PR and media input (in 5 activities), respondents described how ‘see me’ had arranged photo shoots, negotiated advertising space and prepared written responses to the Scottish media on local issues.

**Local models of working**

7.17 The NHS Board area survey and the workshops in three areas revealed different models of working within areas and between the local areas and ‘see me’. These can be distinguished in terms of the range or focus of activities, partnership arrangements, relationships with ‘see me’, and the factors acting as barriers or facilitators to local anti-stigma activities (Boxes 7.1 a-c).
**Box 7.1a  Greater Glasgow and Clyde NHS Board area**

**Activities include:**
- Awareness raising workshops with Jobcentre Plus, Glasgow City Council, Glasgow Homelessness Partnership etc.
- Training with community workers within BME communities
- Research and evaluation to increase the evidence base for effectiveness

**Partners involved:**
- Formalised anti-stigma partnership involving over 30 organisations
- Dedicated funding commitment from all partners

**Relationship with ‘see me’**
- ‘see me’ is a member of the anti-stigma partnership
- Relationship has matured with time, based on increased mutual understanding

**Barriers**
- Increasing anti-stigma agenda but decreasing funding

**Facilitators**
- Dedicated co-ordinator role viewed as vital to success of this model

**Box 7.1b  Tayside NHS Board area**

**Activities include:**
- Anti-stigma education as part of curriculum for medical students in Dundee
- Awareness raising events and activities relating to mental health week
- ‘see me’ sponsorship of local volleyball team and work with local football team

**Partners Involved**
- Plus Perth, a local mental health service user forum, has led on ‘see me’ activities, in partnership with other voluntary and statutory services

**Relationship with ‘see me’**
- Input and support from ‘see me’ described as initially high, but decreasing over time, with emphasis placed on the local area to maintain links

**Barriers**
- Negative media reporting persists in the local press

**Facilitators**
- Strong commitment and buy-in from local service users
Box 7.1c Western Isles NHS Board Area

Activities include:
‘see me’ materials displayed and distributed at agricultural show
Well-being days for young people in school settings, offering tasters in complementary therapies
Mental Health First Aid training

Partners Involved
Partnership working around anti-stigma work had been problematic because of capacity issues and staff time constraints

Relationship with ‘see me’
Initial local visit by ‘see me’ generated enthusiasm, but capacity issues locally made it difficult to maintain momentum

Barriers
Staff shortages and perceived lack of strategic buy-in

Facilitators
Local willingness to develop anti-stigma work

7.18 Respondents to the survey listed a wide variety of partners with whom they had worked (in addition to ‘see me’) to develop and deliver local anti-stigma activities. Unsurprisingly, since most respondents worked within the NHS, NHS Boards were the most common partner listed, with 20 of the 28 activities noted involving statutory health professionals and agencies. Voluntary organisations and community groups were involved in just over one-third of the activities noted, six activities involved education (schools and colleges) and National Programme initiatives were also involved in six activities.

7.19 Mental Health service users were involved in over half (16) of the local activities described in the survey. In Tayside, Plus Perth, a user forum, had taken the lead on local ‘see me’ activities; a unique situation in Scotland. However, only just over one third of all activities described in the NHS Board survey (11) involved carers.

7.20 It was recognised both in the survey and the workshops that the success of local anti-stigma work relied on dedicated and motivated individuals as well as staff capacity. In one area, for example, staff shortages were held to be largely responsible for anti-stigma work “fizzling out”.

7.21 In addition, good relationships between local organisations and interested parties had the potential to facilitate co-ordination and enhance sustainability. Within Glasgow, workshop participants felt that the local co-ordination role within the anti-stigma partnership was vital to the success of anti-stigma work. This role was described as bringing partners together, keeping momentum going, and acting as a champion for anti-stigma work.
7.22 Buy-in from management and those at a strategic level was also considered to be an important success factor for the development of local anti-stigma activities. In a context in which mental health service delivery was perceived to be stretched and under-funded, the view from one area was that without this strategic support anti-stigma campaigning would be given a low priority.

Funding for local activities

7.23 Survey respondents indicated that just over half of the activities (15) had received some form of funding from 'see me', NHS Boards provided funding for 11 activities, and Local Authorities for 5 activities. Other sources of funding referred to by respondents included Choose Life, local voluntary agencies, grant-making bodies and corporate donations. Some areas indicated that they had received funding from more than one source.

7.24 In one area, additional travel costs and lack of ring-fenced funding had acted as a barrier to developing anti-stigma activities, take-up of training opportunities, and capacity to attend conferences and events. In contrast, the funding arrangements in another area, where each partner committed resources, was felt by workshop participants to work well, facilitating greater buy-in and commitment to anti-stigma work.

7.25 Participants in all three workshops felt that future funding was crucial to maintaining local activity to tackle the stigma experienced by people with mental health problems. While there was widespread support and commitment to reducing stigma in local areas, money, it was felt, could guarantee a dedicated resource to develop anti-stigma activities.

Perceptions of the impact of local anti-stigma activities

7.26 Just over one third (10) of the local activities described in the NHS Board area survey had been subject to evaluation. Nonetheless respondents were able to describe the perceived outcomes for 23 of the 28 activities. These included:

- Raised profile of ‘see me’ campaign and messages (five activities)
- Increased awareness of mental health issues in local populations (four activities – anticipated outcome in two of these)
- Changed individuals’ (e.g. young people’s) attitudes towards mental health (four activities)
- Raised profile of local mental health initiatives and organisations (three activities)
- Mental health benefits for users involved in activities (three activities).
7.27 Workshop participants were also able to describe the perceived impacts of local activities. In one area, for example, it was felt that being involved in designing and running anti-stigma activities had empowered and given confidence to service users. In another area workshop participants indicated that over 500 people had already taken part in mental health awareness workshops. It was also felt that mental health issues were becoming a more acceptable topic of conversation within BME communities as a result of the work of the local anti-stigma partnership.

7.28 In terms of the impact of ‘see me’ on local activities, all but one of the survey respondents felt that the national campaign had had a positive impact. Two-thirds stated that at least some of their activities would not have happened without input from ‘see me’, while over half (seven) suggested that ‘see me’ had helped them to progress with existing anti-stigma work.

7.29 Workshops participants too felt that ‘see me’ had raised the profile of stigma as it affected people with mental health problems to a level that would not have been possible on a local basis. The campaign had made anti-stigma messages visible, giving local activities a base to build upon. It was also recognised that the campaign had some “clout” with decision makers, so could be helpful in terms of building buy-in for local anti-stigma work. The flow had not, however, all been one way. Workshop participants felt that local activity had raised the profile of the national campaign and that ‘see me’ would not have been so successful without the local campaign activities.

7.30 Some of the comments made in the course of the local area workshops also suggested factors that were perceived to have tempered the impact of ‘see me’ locally. In one area, for example, participants described how a local mental health organisation had been reluctant to display ‘see me’ posters. Those taking part in the workshop suggested that the organisation had been concerned with the use of (diagnostic) 'labels' in the advertising material: a concern that it was suggested arose because of a lack of understanding of the message. It was also suggested in the workshops that elements of the campaign, such as Stigma Stop Watch were not well known in some local areas.

7.31 Workshop participants in two areas felt there was a need for the ‘see me’ team to have more active links and involvement with local areas. It was suggested that link workers could participate in local meetings to help build momentum for the work.

7.32 Reflecting more generally on the campaign, participants in two of the workshops suggested that by taking a general population approach there was a risk that stigmatising attitudes among, or experienced by particular groups could be missed or overlooked. The perceived stigma towards people with mental health problems among mental health professionals was suggested as one example. The view that the initial campaign materials were not appropriate for BME communities was another example. In Glasgow the anti-stigma partnership, together with ‘see me’ and NRCEMH, had subsequently worked with local BME communities to develop materials to ensure that these groups were not excluded from the campaign's messages.
Working with other stakeholders

7.33 As summarised in Chapter 3, a wide range of key stakeholder agencies and organisations were consulted across the three phases of the evaluation. This section focuses on the findings from interviews with two groups: public and private sector organisations who had worked with ‘see me’ to develop anti-stigma campaigns within their own organisations; and a sample of national and local organisations who either worked with or on behalf of people with mental health problems or worked with different 'equalities' groups (e.g. those working with groups of people who were at risk of discrimination or stigma on the basis of some aspect of social identity or in others ways at risk of being socially excluded). The focus here is on their awareness of, and contact with ‘see me’; the views of these and other stakeholder groups on the future direction of anti-stigma and discrimination work in Scotland as it relates to people with mental health problems are reported on in Chapter 11. A full list of the participating organisations is available in Annex 3.

Perceived relevance of the ‘see me’ campaign

7.34 For the organisations and agencies interviewed, anti-stigma work was of relevance to them either because their client group was at risk of stigma on the grounds of mental health problems or because they saw it as part of a wider mental health awareness agenda which was active within their organisation. Organisations working with different equalities groups or with groups at risk of social exclusion highlighted the complex nature of stigma and discrimination and the potential “double whammy” some people could experience of stigma due to a mental health problem together with other forms of prejudice and discrimination such as racism, ageism or homophobia. Furthermore, the effects of stigma may not only be felt by the individual themselves, but by members of their families.

7.35 There was also recognition of the importance of both mental health awareness and of stigma within a workplace context. On the one hand, the stigma surrounding mental health problems could act as a barrier to employment; on the other hand, for employers, supporting or handling stress or mental health problems among the workforce raised issues of mental health awareness. One private sector organisation had experienced two suicides within the workforce, which for them had been a call to action around mental health at work, including involving ‘see me’ in anti-stigma activities.

Organisations working with ‘see me’

7.36 Interviews were held with representatives of four private and public sector organisations who had actively linked up with ‘see me’ to undertake specific anti-stigma activities.
The reasons these organisations gave for working with the campaign included:

- Wanting to raise their profile as a good employer and raise awareness about mental health amongst staff (and students)
- To give shape to ongoing mental health awareness work
- For specialist PR advice and support.

7.37 A range of activities had sprung out of this relationship, including mental health information days and conferences, internal promotions, sponsored events to raise awareness, ‘see me’ advertisements on company vehicles and input into lectures and student curricula.

7.38 Those interviewed felt that the process had raised the profile of mental health within their organisations and had improved staff confidence in talking about mental health issues. Getting involved with ‘see me’ could also lead on to other related activities such as undertaking the Scottish Centre for Healthy Working Lives commendation awards. Finally, working with ‘see me’ was believed to have brought about PR benefits, increasing an organisation's reputation as a good employer.

**National and local organisations with a stake in anti-stigma and discrimination work**

7.39 The links with ‘see me’ among the sample of national and local organisations who either worked with or on behalf of people with mental health problems or worked with different equalities groups consisted of displaying campaign materials and exchanging information. However, this did not mean that they were not participating in any activities which could be included under the banner of anti-stigma work. Policy developments such as social inclusion and stress at work policies, together with ongoing mental health awareness raising activities were all thought to contribute to challenging the stigma of mental health problems within organisational and community settings.

**Perceptions of the impact of ‘see me’**

7.40 Across the different organisations interviewed it was acknowledged that without ‘see me’ there would be no one to drive forward anti-stigma work as it relates to mental health problems, across Scotland. However, it was also noted that ‘see me’ was not alone in working to change attitudes around mental health. Other initiatives such as the Scottish Centre for Healthy Working Lives and Choose Life were also thought to be part of a wider force for change.

7.41 While those interviewed felt that there had been some increased awareness of the stigma that people with mental health problems can experience as a result of ‘see me’, some participants were uncertain whether ‘see me’ had achieved any meaningful impact on attitudes and behaviours. Some also questioned whether the media were the most appropriate mechanism for achieving this change.
Concerns were also raised about how anti-stigma work could be maintained and mainstreamed within specific organisational settings. This could be an issue, even for mental health organisations when anti-stigma work was just one of many priorities.

**Perceived strengths of ‘see me’'s approach**

On the basis of the interviews with the range of different organisations, the expertise ‘see me’ had built up in terms of PR was thought to be one of the key strengths of the campaign's approach. One organisation had been able to benefit directly from PR advice, and others felt that the profile ‘see me’ had built was something that they could use and learn from to develop their own responses. It was also thought that there could be learning to take from ‘see me’’s PR experience to benefit other anti-discrimination campaigns.

**Perceived limitations of ‘see me’’s approach**

There was a perception among some of the organisations working with different equalities groups that the approaches ‘see me’ had developed did not acknowledge issues of diversity. It was felt, for example, that the materials were not always promoted within, or appropriate for, different communities such as BME or LGBT populations. With the maturation of the campaign this perceived lack of recognition of different groups within the general population was felt to be increasingly unacceptable.

However, it was also recognised that some potential target groups can be hard to reach (e.g. people who were socially excluded or young men) and approaches aimed at them need to be handled carefully to ensure that any activities developed were not counterproductive and upheld rather than challenged generalisations and stereotypes.

**Views on integration of anti-stigma / discrimination work**

It was recognised by participants that individuals can experience multiple forms of stigma and discrimination based on a range of factors including sexual orientation, ethnicity, gender or disability, and therefore that there was potential for linking up some of these issues, and undertaking joint working to challenge them. At the same time, however, it was felt that each form of discrimination had unique dimensions that were at risk of being lost if all responses were “lumped together”. Consequently it was suggested that joint approaches for tackling stigma and discrimination should be limited to those which promote a more equal and accepting society for all, rather than producing a “one size fits all” anti-discrimination campaign.
Key points

- ‘see me’ is one of a number of delivery vehicles represented on the different National Programme management bodies. These bodies have provided a forum for information sharing. Outwith these fora the relationships between ‘see me’ and the other vehicles ranged from reciprocal relationships involving an exchange of resources to more asymmetrical relationships, such as those where ‘see me’ provides materials or resources, through to more distant relationships characterised as each vehicle "ploughing their own furrow". Workforce capacity as well as the relative autonomy of the different delivery vehicles from each other may have worked against more integrated working.

- Local anti-stigma activity in partnership with ‘see me’ was evident across Scotland. The nature of ‘see me’’s involvement included the provision of promotional materials, advice and support and PR and media input.

- The data reveal different models of working within areas and between local areas and ‘see me’. These models can be distinguished in terms of the range or focus of activities, local partnership arrangements, the relationships with ‘see me’ and the barriers and facilitators to local activity.

- Factors perceived to enhance the success of local anti-stigma activity included dedicated and motivated individuals, staff capacity, good relationships between organisations, buy-in from management and those at strategic levels and funding to develop and support anti-stigma work.

- Individual organisations who had run activities with support from ‘see me’ felt that the process had raised the profile of mental health, helped people feel more confident about talking about mental health issues and brought PR benefits to companies.

- The links with ‘see me’ among the sample of national and local organisations who either worked with or on behalf of people with mental health problems or worked with different equalities groups consisted of displaying campaign materials and exchanging information.

- In terms of ‘see me’’s overall approach a common theme across this set of interviews was a perception that a general population approach may risk overlooking the stigmatising attitudes among particular groups or experienced by particular groups.

- In terms of the way ‘see me’ has worked at local level and with individual organisations the involvement of the campaign was perceived to have had a positive impact both by enabling local areas to run anti-stigma activities and in terms of outcomes. The campaign's expertise, particularly in PR was highlighted as one of its strengths.
CHAPTER EIGHT  WORKING WITH THE MEDIA

Introduction

8.1 Reflecting the importance ‘see me’ attaches to influencing media representations of mental health problems as a means for affecting attitudes, two of the objectives of the evaluation were to assess whether and how the practice of media professionals had changed since the launch of the campaign and to explore the experiences of the ‘see me’ media volunteers. To meet these objectives a web survey of media professionals was undertaken, interviews conducted with media volunteers and the media volunteer trainer and a small-scale content analysis of newspaper reporting completed. As indicated in Chapter 3 the media response to the web survey and invitation to participate in an interview was disappointingly small. The number of media volunteers prepared to be interviewed was also small.

Media volunteers

8.2 An important part of ‘see me’’s activities has been to develop a pool of media volunteers from across Scotland who are willing to talk to the media about their experiences of stigma and mental health.

8.3 To explore the extent to which ‘see me’ media volunteers felt able to make an impact in terms of raising awareness about stigma and discrimination and changing attitudes, interviews were undertaken with a sample of eight media volunteers and the media volunteers' trainer. It is recognised that those who indicated that they were prepared to be interviewed may be those most committed to being media volunteers and may not reflect the range of experiences among those who had been or were still media volunteers.

Perceived purpose of the media volunteers

8.4 Of those interviewed, seven had been invited by ‘see me’ to become a media volunteer through their connections with other mental health organisations. Four of the interviewees had previous experience of media work, although interestingly for three this had included negative media experiences. Previous bad experiences had involved feeling ill-prepared, being quoted out of context and not feeling in control of the content of the story.

8.5 The interview participants wanted to become media volunteers for a number of reasons. Most commonly, interviewees thought that it would give them the opportunity to raise awareness about mental health issues among the general public, to show what living with a mental health problem “is really like” and to illustrate that “it can happen to
anyone”. One individual wanted the public to be more aware about what to look out for as signs and symptoms of mental health problems. It was hoped that through doing this people would be more likely to speak about mental health issues and to seek help if needed.

8.6 Interviewees also saw the role of media volunteer as providing an opportunity to challenge the negative stereotypes that exist around mental health problems, particularly in the press, which was felt to associate mental illness with violent crime, and to represent those with mental health problems as “freaks”. One interviewee talked about the media volunteers offering the opportunity to describe to the media and the public what stigma can feel like. It was also thought important to present positives stories of people coping with, and recovering from, mental health problems. Another suggested that they had become a volunteer to try to influence better practice with regards to how mental health problems are dealt with by employers.

Views on the training / ongoing support received from ‘see me’

8.7 All of those interviewed had received training from ‘see me’ to prepare them for speaking to the media, although for one individual, this had happened some time after they had begun working as a volunteer. The media trainer indicated that the training provided to the ‘see me’ media volunteers was largely the same model as that provided to any other individual who was undergoing media training, whether from the corporate or public sectors. It was described by the trainer as providing “the authentic media experience” which would help prepare individuals for what it was like to speak to the media in real life.

8.8 All those interviewed had found the training to be a positive experience. The degree of learning depended to some extent on whether the volunteers had previous experience of working with the media, but all eight interviewees pointed to some positive outcomes from the training, even if it was only reassurance that what they had been doing previously was right.

8.9 Two elements of training were highlighted as being particularly beneficial by participants. First, the experience of taking part in a “mock up” TV and/or radio interview, which gave individuals some understanding of the processes involved and the opportunity to assess their performance in a supportive environment. Second, participants felt that they benefited from learning how the media operates, and how to maintain control in interactions with the media. Tips such as asking what the journalist wants to know, asking to read over draft articles, or refusing to be photographed in particular situations were all thought to be helpful and empowering for the individuals concerned.

8.10 The only negative comment about the training related to the length of the course. One individual felt it would have been more helpful to stretch the course out over two days, rather than one day, which for that individual made it a bit “rushed” and “tiring”.

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8.11 Alongside the training, the interviewees were very positive about the ongoing support they received from ‘see me’ in relation to their work with the media. Interview participants described how ‘see me’ were available to support volunteers before, during and after the interviews, as required. ‘see me’ took responsibility for setting up the interviews, and participants indicated that there was never any pressure put on them to take part if they did not want to. During the interviews a representative from ‘see me’ could accompany volunteers if required, to provide support and intervene if the volunteer asked. Finally after the interview had finished, ‘see me’ were available to de-brief the volunteer or to follow up any issues that the volunteer may have with the outcome of the interview.

8.12 It was suggested that not all volunteers required support from ‘see me’ at every stage. Indeed, it appeared that as the volunteers became more experienced in talking to the media, the less support they required from ‘see me’. However, all interviewees indicated that they appreciated the fact that support was available if and when required.

8.13 It was evident from the interviews that the training and support received from ‘see me’ greatly improved the experience the media volunteers had of working with the media. Not only were individuals more confident in their roles, but as one interviewee remarked ‘see me’ were also there to “kick ass” if anything did go wrong.

8.14 A number of suggestions were made for how the support for the media volunteers could be improved. Three interviewees indicated that they would like the opportunity to meet up with other volunteers every so often to share experiences and provide peer support. Another individual suggested that ‘see me’ staff were not always available on the telephone when required, and that improved means for contacting staff would be beneficial, especially for those who were new to the media volunteer role.

**Media experiences**

8.15 Table 8.1 overleaf describes the range of media requests made and fulfilled by ‘see me’ media volunteers from 2002 onwards. This includes both requests for volunteers to speak specifically on issues relating to stigma and discrimination and for volunteers to speak in relation to other National Programme initiatives.
Table 8.1 Requests for media volunteers made and fulfilled by National Programme initiative

<table>
<thead>
<tr>
<th>Strand</th>
<th>2002-2004</th>
<th></th>
<th>2005</th>
<th></th>
<th>2006 (Up to Sept)</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Made</td>
<td>Fulfilled</td>
<td>Made</td>
<td>Fulfilled</td>
<td>Made</td>
<td>Fulfilled</td>
<td>Made</td>
<td>Fulfilled</td>
</tr>
<tr>
<td>‘see me’</td>
<td>5</td>
<td>5</td>
<td>18</td>
<td>13</td>
<td>50</td>
<td>37</td>
<td>73</td>
<td>55</td>
</tr>
<tr>
<td>(Pre-log)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathing Space</td>
<td>8</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>14</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose Life</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HeadsUp</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish Recovery</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>5</td>
<td>53</td>
<td>35</td>
<td>67</td>
<td>49</td>
<td>125</td>
<td>89</td>
</tr>
</tbody>
</table>

8.16 Reasons why requests for media volunteers were not fulfilled include:

- The story was declined by the media
- The opportunity was declined by the media volunteer
- There was no media volunteer available
- The opportunity was declined by another National Programme delivery agency.

8.17 Interviewees talked about the range of press, radio and television experiences they had taken part in through being a ‘see me’ media volunteer. Individuals had participated in interviews with local, national and UK wide media. Four interviewees had filmed talking head pieces for ‘Talking Scotland’, a series of short programmes transmitted by STV covering issues of importance to Scottish people. Two interviewees indicated that they had participated in interviews on behalf of other parts of the National Programme: one for Breathing Space, and the other for Choose Life.

8.18 Most of the media work interviewees had participated in what was described as a positive experience, with good outcomes. Individuals talked about how journalists had listened to them, and that the end results had been a good reflection of the key issues they wanted to get across. Not all interviews the volunteers had participated in had been broadcast or published, and while this could create some disappointment, it was felt that they had been well-prepared by ‘see me’ for this eventuality.
The one area where interviewees did describe difficulties was with press photographers and TV camera crews. Four interviewees talked about instances where photographers/camera crews had tried to film them in environments that had not seemed appropriate for the story, e.g. behind bars or in institutional settings. The volunteers described how they had learned from these experiences to be more vocal about what was not appropriate, or to contact ‘see me’ to get the picture cut from the article.

**Impact of being a media volunteer**

The media volunteers talked about the impact of being a media volunteer in a number of ways: impact on themselves, impact on the media, and impact on the general public.

**Impact on media volunteers**

Being a media volunteer had been a positive experience for all those interviewed. Individuals described how their media experiences had given them increased confidence and self-esteem and had contributed to their self-defined ongoing recovery. It had also enabled some to take up other public speaking opportunities in schools, and at conferences and events. One interviewee talked about the “kudos” which was associated with being a media volunteer, and how being a media volunteer was viewed as a mark of competence and skill by others in the mental health field. For another, the media contacts gained from being a media volunteer had proved to be useful in other areas of their working lives.

Less positive impacts experienced by the interviewees included a degree of emotional exhaustion which was associated with talking about one’s own mental health. One individual had also received negative feedback from a family member in response to an article that they had not forewarned their relative was going to be published. However, it was thought that the benefits associated with being a volunteer far outweighed these drawbacks.

**Impact on the media**

The media volunteers felt they had made a contribution to changing the way the media presented stories to do with mental health. A number of interviewees talked about a “shift” in terms of the language used by the press, and the greater empathy that was now shown to the messages the volunteers wished to convey. The media trainer also talked openly about his own learning around mental health through being involved with the media volunteers. It was suggested that through the volunteers’ willingness to talk about the reality of living with a mental health problem, that some of the stereotypes about mental health held by the press had been broken down. At the same time, ‘see
me”s ability to “kick ass” when things went wrong acted as a stick to the media volunteers’ ‘carrot’.

8.24 Nevertheless, it was recognised that there were still areas of the press where stigmatising attitudes towards mental health problems persisted, and that there was an ongoing need for the media volunteers, and ‘see me’ as a whole to play their part. Negative headlines and reporting, for example, still appeared from time to time. The media trainer suggested that there was also an ongoing temptation on the part of journalists to try and draw the emotion out of a story, and that it was therefore important for volunteers to remain focused on the messages they wanted to convey. One interviewee confirmed this by giving an example of a story where the journalist was keen to talk about the experiences of the volunteer’s partner and children, against the wishes of the volunteer.

Impact on the public

8.25 From the perspective of those interviewed, one of the most rewarding elements of being a media volunteer was receiving positive feedback from members of the public, or family, friends and colleagues who had seen their interviews, and had been affected by them in some way, either through raised awareness or increased motivation to speak out about their own mental health problems.

Learning around what works with the media

8.26 The media volunteers and media trainer identified what they perceived to be factors for success in working with the media.

8.27 It was recognised that for the media volunteers to achieve their aims it was also necessary, within bounds, to give the media what they want. The media trainer was unequivocal that what the media want is “genuine stories”, and that the media volunteers were in a very good position to provide this. However, at the same time both the volunteers and the trainer emphasised the importance of individuals sticking to their key messages, and not becoming drawn into the journalist’s agenda rather than their own. This was a skill that appeared to develop as volunteers gained more confidence and experience in their role.

8.28 When asked about the skills required to be a successful media volunteer, the trainer pointed to empathy and communication skills as being key. It had been his experience that these qualities were something that the media volunteers had all demonstrated, and furthermore that the experience of having mental health problems had added to their ability to empathise and communicate with the public.
Media survey findings

8.29 To obtain a perspective on ‘see me’ from media professionals a web-based survey was distributed to 270 journalists via the National Union of Journalists (NUJ). Despite this extensive distribution only eight responses were received. Of those responding, six worked within Scotland in regional/local tabloid print media. This very low response rate clearly precludes drawing any conclusions, and may suggest an area for further research, particularly given the importance of the media as a source of information on mental health and mental health problems. The following, does however summarise some of the findings to emerge from this small number of respondents:

- Six of the eight respondents indicated that stories about mental illness or about people with mental health problems came up in the work they did

- When reporting a story relating to mental health or mental health problems five of the participants indicated that they would look for background information (one would not; one was unsure). Sources of information included the internet (five responses); personal contacts and relevant organisations

- Five respondents felt there was a need for guidance on reporting mental illness and suicide in the media, one felt that guidance was not necessary, one did not know (one non-response). The two who were not convinced about the need for guidance suggested that this was either because they were "unaware of any problems", or because “common sense should be sufficient”. Reasons given by those who felt there was a need for guidance included a perceived general lack of understanding of mental health issues among the media and an awareness of negative or inaccurate reporting

- Three respondents reported having used guidelines on reporting mental illness and suicide in the media. Guidelines used included: BBC Producer Guidelines; NUJ Guidelines (no further information available); Stronger Together (Glasgow) Guidelines (guidelines issues in relation to reporting stories about people with learning disabilities)
Five respondents were aware of the ‘see me’ campaign (one person did not know; one was unsure; one non-response). Two people had had direct experience of the ‘see me’ press office and campaign website, both of these were also aware of ‘see me’ own media guidelines, and were either aware of, or had direct experience of, the NUJ/’see me’ guidelines. One person had had direct experience of the media volunteer programme.

Of the four respondents responding to the question whether ‘see me’ had influenced their own reporting, three indicated that it had not (one did not know). In one case this was because they had not covered any mental health stories, but for two it was because they felt they were already sensitive when covering mental health stories.

8.30 One additional comment suggests that awareness of the issue was not necessarily tied to awareness of a specific campaign:

“I can remember adverts on the telly about mental health issues, but I am not sure if these were part of the ‘see me’ campaign”

8.31 As discussed in Chapter 12 below, ‘see me’ s impacts may be to create a background 'noise' (in a positive sense) around mental health and mental health awareness, even without specific 'brand' recognition.

Media content analysis findings

8.32 One of the aims of ‘see me’ is to ensure balanced, accurate and fair media portrayal of people with mental health problems.

8.33 To examine media content relating to mental health issues over the course of the ‘see me’ campaign, a content analysis of three newspapers was conducted drawing on articles published in the three time periods: January - February 2002; April - May 2004; January - February 2007 (see Chapter 3 for details on the methodology).

Quantitative analysis of media coverage

8.34 A quantitative analysis of 'positive', 'neutral' and 'negative' headlines over the three time periods and three newspapers used in the analysis are summarised in Table 8.2.
Table 8.2  Headline ratings across time and newspapers

<table>
<thead>
<tr>
<th></th>
<th>Daily Record (%)</th>
<th>Aberdeen P&amp;J (%)</th>
<th>Scotsman (%)</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2002</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>5 (10)</td>
<td>8 (20)</td>
<td>1 (2)</td>
<td>14 (10)</td>
</tr>
<tr>
<td>Negative</td>
<td>9 (18)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>9 (7)</td>
</tr>
<tr>
<td>Neutral</td>
<td>37 (72)</td>
<td>33 (80)</td>
<td>40 (98)</td>
<td>110 (83)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>51 (100)</td>
<td>41 (100)</td>
<td>41 (100)</td>
<td><strong>133 (100)</strong></td>
</tr>
<tr>
<td><strong>2004</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>8 (20)</td>
<td>14 (31)</td>
<td>2 (16)</td>
<td>24 (25)</td>
</tr>
<tr>
<td>Negative</td>
<td>6 (15)</td>
<td>1 (2)</td>
<td>1 (8)</td>
<td>8 (8)</td>
</tr>
<tr>
<td>Neutral</td>
<td>26 (65)</td>
<td>30 (66)</td>
<td>9 (75)</td>
<td>65 (67)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>40 (100)</td>
<td>45 (100)</td>
<td>12 (100)</td>
<td><strong>97 (100)</strong></td>
</tr>
<tr>
<td><strong>2007</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>7 (20)</td>
<td>6 (18)</td>
<td>6 (38)</td>
<td>19 (23)</td>
</tr>
<tr>
<td>Negative</td>
<td>5 (15)</td>
<td>0 (0)</td>
<td>2 (12)</td>
<td>7 (8)</td>
</tr>
<tr>
<td>Neutral</td>
<td>22 (65)</td>
<td>28 (82)</td>
<td>8 (50)</td>
<td>58 (69)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>34 (100)</td>
<td>34 (100)</td>
<td>16 (100)</td>
<td><strong>84 (100)</strong></td>
</tr>
</tbody>
</table>

8.35 Overall, positive headlines do appear to increase: from about 10% pre-campaign to around 23% in the sample week in 2007. This is particularly so in the two newspapers starting from a low base: the Daily Record and Scotsman. There is less obvious change in relation to negative headlines, which stay at around 7-8% over the period.

8.36 Table 8.3 overleaf indicates the pattern for article content ratings over time. This seems to suggest a slight increase in positive reporting from just over 40% pre-campaign to 44% in 2007. Negative reporting, however, also appears to increase from 7% to 13% of items categorised. This apparent increase in negative content is consistent across the three newspapers sampled. What the table also reveals is the apparent decrease in absolute terms of all items with mental health content. The changes, however, have not been tested for statistical significance and the comparatively small numbers in some categories may exaggerate the degree of actual movement. What the data do begin to suggest, though, is the potential for change, but not necessarily wholly in the desired direction.
### Table 8.3  
Article content ratings across time and newspapers

<table>
<thead>
<tr>
<th></th>
<th>Daily Record (%)</th>
<th>Aberdeen P&amp;J (%)</th>
<th>Scotsman (%)</th>
<th>TOTALS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>18 (35)</td>
<td>22 (54)</td>
<td>14 (34)</td>
<td>54 (41)</td>
</tr>
<tr>
<td>Negative</td>
<td>6 (12)</td>
<td>1 (2)</td>
<td>3 (7)</td>
<td>10 (7)</td>
</tr>
<tr>
<td>Neutral</td>
<td>27 (53)</td>
<td>18 (44)</td>
<td>24 (59)</td>
<td>69 (52)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>51 (100)</td>
<td>41 (100)</td>
<td>41 (100)</td>
<td>133 (100)</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>9 (37)</td>
<td>20 (44)</td>
<td>4 (36)</td>
<td>33 (41)</td>
</tr>
<tr>
<td>Negative</td>
<td>4 (16)</td>
<td>1 (2)</td>
<td>1 (9)</td>
<td>6 (7)</td>
</tr>
<tr>
<td>Neutral</td>
<td>12 (48)</td>
<td>24 (53)</td>
<td>6 (54)</td>
<td>42 (52)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>25 (100)</td>
<td>45 (100)</td>
<td>11 (100)</td>
<td>81 (100)</td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>16 (47)</td>
<td>13 (38)</td>
<td>8 (50)</td>
<td>37 (44)</td>
</tr>
<tr>
<td>Negative</td>
<td>6 (18)</td>
<td>2 (6)</td>
<td>3 (19)</td>
<td>11 (13)</td>
</tr>
<tr>
<td>Neutral</td>
<td>12 (35)</td>
<td>19 (56)</td>
<td>5 (31)</td>
<td>36 (43)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>34 (100)</td>
<td>34 (100)</td>
<td>16 (100)</td>
<td>84 (100)</td>
</tr>
</tbody>
</table>

*Notes to table: A number of articles were relevant to more than one of the above categories, thus the totals in the right hand column do not represent the total number of articles.

**Use of derogatory terms**

8.37 In relation to specific derogatory terms, the use of ‘nutter’ was highest in 2002, prior to the commencement of the ‘see me’ campaign. The use of the term ‘psycho’ was highest in 2007. The Daily Record accounted for the majority of instances of uses of these terms, which were used in a variety of contexts, rarely in relation to someone with a diagnosed mental health problem. Neither term was used throughout the period by the Aberdeen Press and Journal.

**First person and family accounts quoted**

8.38 Over the period, first person accounts increased as a proportion of all items rated very slightly from 13% (n=18) to 15% (n=13), while items including quotes from families reduced from 16% (n=22) to 6% (n=5). The variability in relation to items including a family's personal account may be a function of the comparatively small number of these items in each time period.

**Reference to mental health organisations**

8.39 Over the period, reference in the text of articles to, and/or contact details for, a mental health organisation or an organisation with some interest in mental health, increased from 19% of articles to 28%. In 2004, two articles referred specifically to ‘see
me’ in the context of responsible reporting in issues relating to mental health and as an avenue for gaining further information about mental health issues.

8.40 About half of all references to mental health organisations were in the *Aberdeen Press and Journal*.

**Thematic analysis of content**

8.41 The content analysis revealed a focus over the three time periods on six main themes:

- ‘Celebrities’ and mental illness
- Crime and court reporting
- Reporting suicide
- Mental health services
- Information, advice and comment
- State Hospital Mental Health Detention

Table 8.4 summarises these themes by year.
Table 8.4 Reporting of mental health issues: selected themes by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Celebrities and mental illness</th>
<th>Crime and court reporting</th>
<th>Suicide reporting</th>
<th>Info, advice and comment</th>
<th>Mental health services</th>
<th>State Hospital/mental health detention</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Positive</td>
<td>9</td>
<td>-</td>
<td>8</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>10</td>
<td>20</td>
<td>5</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>19</td>
<td>26</td>
<td>13</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>2004</td>
<td>Positive</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>7</td>
<td>16</td>
<td>6</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>2007</td>
<td>Positive</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>-</td>
<td>18</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>7</td>
<td>19</td>
<td>1</td>
<td>18</td>
<td>5</td>
</tr>
</tbody>
</table>
8.42 Perhaps not surprisingly, court and crime reporting appears consistently to yield the most negative reporting, though even here a substantial number of items were neutral.

8.43 Reporting of suicide was, in general, positive or neutral, as was that relating to mental health services. Frequently, the latter referred to the perceived under-funding of these services.

8.44 In relation to the State Hospital, the pattern of reporting reflects legal challenges to detention in both 2002 and 2007. In 2002, reporting in relation to people who no longer required the maximum security of the State Hospital but who could not be transferred due to insufficient regional secure units was generally rated positive. In 2007, reporting in the Daily Record and the Scotsman was more negative in relation to specific cases of people making a legal challenge to detention in conditions of maximum security.

8.45 Celebrities experiencing mental health problems, or speaking out in support of people with mental health problems, were generally reported positively or neutrally. The generally positive tone of reporting on celebrities experiencing or 'coming out' about a mental health problem would appear to underline the value of 'celebrity endorsement' to support activities aimed at tackling the stigma and discrimination experienced by people with mental health problems.

**Key Points**

- Media volunteers found the media training they had received a positive experience and also valued the on-going support from ‘see me’. They had also found that most of the media work they had been involved in a rewarding experience. The one area of difficulty had been in relation to photographers or TV camera crews, who it was felt, had tried to capture images inappropriate to the story.
- In terms of personal impacts, those interviewed felt the experience of being a media volunteer had increased their confidence and self-esteem and contributed to their self-defined on-going recovery.
- Media volunteers drew on the positive feedback they had received from others to illustrate the positive impacts they had had on the public.
- In terms of the impact on the media those interviewed felt they had had a positive influence on the way the media reported stories and had begun to challenge stereotypes. The perceived persistence of stigmatising attitudes in some parts of the media, however, suggested to those interviewed the on-going need for media volunteers and for the ‘see me’ campaign.
- A web survey of media professionals yielded only a very small response. This precludes drawing any conclusions about the impact of ‘see me’ on the media. Given the importance of the media as a source of information on mental health issues this may be an area requiring further research.
• An analysis of three newspapers suggests that in terms of the content of articles there was a slight increase in positive reporting over the period immediately prior to the launch of ‘see me’ in 2002 to February 2007, but also an increase in negative reporting.

• Over this time period the focus of reporting on mental health or mental health problems included: 'celebrities' and mental health problems; crime and crime reporting; reporting suicide; mental health services; provision of information, advice and comment; and issues relating to the State Hospital or compulsory detention.
CHAPTER NINE THE EXPERIENCES AND VIEWS OF USERS AND CARERS

Introduction

9.1 This chapter draws on data collected through two focus groups: one held with mental health service users and one with carers. These two groups, which were held in Glasgow and Edinburgh, involved seven service users, four carers and two support workers in all. Although clearly limited in number, and with no claims made as to the 'representativeness' of the groups, the views of the participants provide an important independent perspective both on ‘see me’ as a campaign and on the areas of people’s lives most affected by stigma and discrimination.

9.2 In the course of the focus groups people made suggestions or comments reflecting their perceptions of what still needed to be done to tackle stigma and discrimination. While some of these suggestions might not be regarded as ‘see me’’s responsibility, or may already be being addressed by other elements of the National Programme, they are reported here to indicate the areas of continuing concern to users and carers. They also indirectly draw attention to areas where there may be scope for greater joint working between different elements of the National Programme.

Users' and carers’ views on mental health related stigma and discrimination

Public attitudes to people with mental health problems

9.3 It was felt by the majority of participants in the users’ focus group that the general public maintained a number of misconceptions about people who experienced mental health problems. It seemed that misconceptions could be polarised into two extremes; either individuals did not take the debilitating nature of mental health problems seriously enough, or at the other extreme, viewed it as all encompassing, and not something from which it was possible to recover. One participant talked about how they had felt scrutinised for having a disabled bus pass, because her disability was not clearly visible. At the other end of the scale, another participant described a “mad axe man” stereotype that existed in the minds of the public, and painted individuals with mental health problems as dangerous and out of control. There was a suggestion by one user group participant that class may be a factor in individuals’ experiences of stigma with society, in their view, more tolerant of rich people with mental health problems, than of those who were poor.

9.4 Participants in both the users’ and carers’ groups felt that understanding was the key to public opinion. It was suggested that it was difficult for the public to engage with mental health issues unless it was a subject that had touched them directly. One carer talked about how others viewed her son’s condition as somehow his own fault. Such views had the potential to impact on an individual’s own feelings of self-worth, and one
user talked about how self-stigma could develop out of feeling ashamed of having a mental health problem. However, not all participants felt the same. One carer did not feel that they had experienced any negative attitudes relating to the mental health problems of the person who they had cared for and felt positively supported by his family, friends and community.

Views on media reporting of mental health issues

9.5 Participants in both the users’ and carers’ focus groups suggested that the media perpetuated a number of stereotypes such as linking mental illness and violence. It was argued that many of these stereotypes were ill informed but had the power to influence the views of the general public. The tabloid press were highlighted as being particularly likely to portray those with mental illness in a negative stereotypical fashion.

9.6 One positive example of mental health reporting in the media was the documentary series by Stephen Fry (The Secret Life of the Manic Depressive - 2006). It was suggested that programmes such as these could illustrate how people can have mental health problems but still be successful in their lives and careers. There was a call for more responsible reporting about mental health in the media, including more emphasis on positive mental health stories and an increased focus on recovery.

The impact of mental health related stigma and discrimination on children and families

9.7 A key focus of discussion in the users’ focus group was the important role families played in challenging or upholding the stigma around mental health. Families had the potential to be supportive and open about mental health problems, or could be dismissive and critical of those near to them with mental health diagnoses.

9.8 The users' focus group also discussed the impact having a mental health problem could have on other family members. One participant stated that their children had been beaten up at school because of their parent’s mental health problems. As such it was felt that stigma did not just affect the individual with a mental health problem but the whole family. This, it was felt, was an important issue for ‘see me’ to address.

9.9 Part of the solution to this problem was thought to lie in equipping family members with reliable information about mental health problems, which could help them to understand the reasons for certain behaviours, and to challenge some of the negative stereotypes used by others. Increased school education around mental health was thought to be important. One participant highlighted a DVD that was currently being distributed in years S5 and S6. However, it was believed that awareness raising should ideally start at an earlier age, e.g. at a primary school level8.

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8 This is an area that other parts of the National Programme such as HeadsUpScotland and NHS Health Scotland are addressing.
The attitudes of neighbours and communities

9.10 Participants described stigmatising responses from neighbours and communities. People taking part in the users’ focus group, for example, described instances where they had been ostracised or subject to name-calling.

9.11 A number of participants had challenged these stigmatising attitudes directly, and one suggested that holding support groups in their house had helped a neighbour to better understand mental health issues.

9.12 One carer, however, pointed to the very supportive response they had received from neighbours in relation to the mental health problems their son was experiencing.

Stigma and discrimination in public services

9.13 Both focus groups drew attention to the role of public services in perpetuating or tackling stigmatising attitudes towards people with mental health problems. Although mental health services were thought to have a role to play, participants pointed to many instances where mental health professionals had shown a lack of understanding, little consideration for individuals’ views and had labelled people in a stigmatising fashion. A&E departments were also perceived as particularly stigmatising environments for individuals who had self-harmed.

9.14 Individuals had also experienced negative attitudes when coming into contact with the police, benefits agencies and primary health care. In all of these instances, professionals were felt to have made assumptions about people with mental health problems. Some police, for example, were perceived to hold the view that all people with mental health problems led chaotic lives; employees within the benefits agency and within primary care could hold the attitude that because they could not see a mental health disability then there was nothing seriously wrong. Participants also drew attention to the experience of ‘diagnostic overshadowing’, in which any health problems they experienced were viewed as being a part of their mental health problem.

9.15 In both focus groups it was suggested that public sector professionals needed to place greater emphasis on recovery principles and on the expertise users and carers have through their own lived experiences.

Stigma and discrimination in the workplace

9.16 Participants in the user focus group had experienced both positive and negative experiences in the workplace in terms of attitudes towards people with mental health
problems. One participant, for example, had felt ostracised by their employer because of their mental health problems.

9.17 On the positive side, one example was given of a company that had shown an interest in and been open to discussion about mental health problems. This was considered helpful and supportive.

**Users' and carers' views on ‘see me’**

9.18 Participants in both the users' and carers' focus groups were aware of the ‘see me’ campaign. Individuals spoke about having seen publicity material, such as posters and the 'goalie' and 'Cloud Girl' TV advertisements. One carer had put up ‘see me’ posters in a local community centre.

9.19 Many of the participants spoke positively about the campaign, indicating that they thought the material was “impressive”, and the messages clear and straight to the point. It was felt to be positive that ‘see me’ was tackling such an important and sensitive issue as self-harm.

9.20 In terms of outcomes, one carer suggested that the campaign was successful at emphasising the high incidence of mental health problems, while a user participant suggested that ‘see me’ has made the public more aware about mental health issues and encouraged them not to label others. Participants suggested that through ‘see me’ the public were starting to realise that there was not one typical person with a mental health problem and that mental health problems could be experienced by anyone.

9.21 It was also suggested that Stigma Stop Watch had had some impact on the media through encouraging debate and raising questions about media reporting of mental health issues. It was also, however, recognised that this was a reactive initiative, and that training journalists on how to report responsibly would be an important preventative measure in the longer term⁹.

9.22 One criticism of the ‘see me’ campaign was that it did not adequately explain about different diagnoses. It was suggested that to be able to change the public’s attitudes towards mental health there was a need to educate people about mental health issues, as well as raising awareness of stigma.

9.23 There were also questions raised about whether the ‘see me’ campaign had been sustained enough or of a high enough profile to make a difference. It was felt by one that the TV campaigns had been too sporadic to have had an impact, and that there was a need to keep publicity for the campaign consistently high.

⁹ In the course of the evaluation workshop ‘see me’ operational staff indicated that they would have liked to have had the opportunity to work with trainee journalists, but this had not been feasible within the campaign’s resources.
In terms of future target groups for the campaign, participants in the user focus group pointed to the ongoing need to target children and young people. One participant indicated that the campaign had possibly reinforced stigmatising attitudes amongst some children, who had been heard saying “see me, I’m a schizo” in a derogatory fashion. Awareness raising in schools was suggested to be an important component of working with children and young people.

Another target group identified in the users’ focus group was the workplace, and in particular the difficulties and discrimination people experience when trying to get back to work after a mental health problem. Public services, particularly mental health services, were also identified as an important target group for future campaigns.

In terms of the messages ‘see me’ should convey, there was a strong desire amongst participants for ‘see me’ to emphasise the positive experiences of coping and recovering from mental health problems. One participant in the user focus group suggested that it would be helpful to convey the message that mental health problems may only form one part of an individual’s life, for example “she’s not only a woman with a mental health problem, she’s also a mother and wife who can bring up kids successfully” or “he’s not only got a mental health problem, he’s also a single man who contributes to the community and leads a productive life”. Comments do suggest that there may be scope for further links between the work of ‘see me’ and the Scottish Recovery Network.

Participants in the users’ focus group also expressed views on how the campaign should be run in the future. It was suggested that further consultations with users were very important, and some individuals did not feel that there had been adequate opportunities up to that point to have their say on the nature of the campaign.

In terms of the media, it was felt that newspapers and magazines were important targets alongside TV coverage, which could be broadened out to include TV discussions, debates and documentaries. It was also suggested that ‘see me’ should have a greater "political remit" by taking on a lobbying role, as one group commented "they have a responsibility to get out and lobby for people with mental health problems and to be vocal about people's true experiences… [they] need to get out there and get our views across".
Key Points

- Participants were aware of, and valued the work of the ‘see me’ campaign, though felt that to have a real impact it needed to have a higher profile and be sustained over time.
- Reflecting many of the responses to ‘see me’ s own self-report survey of users and carers (‘see me’, 2007), the focus groups highlighted those private and public environments in which stigma and discrimination continued to be experienced, including within families, from neighbours, in the workplace, in access to employment, and in public services.
- Areas where users and carers felt that further action to tackle stigma and discrimination was needed included the media, the public sector (including mental health services) and the workplace (including access to employment). There was also felt to be an on-going need to target children and young people.
- Users felt that there should be more emphasis on educating people about mental health problems, including about different diagnoses. But both groups felt that there also needed to be more emphasis on positive stories of recovery and resilience in the face of mental health problems.
- The suggestions made by users and carers about areas and issues which remained to be addressed suggest that there is scope for greater strategic and operational joint working between different elements of the National Programme, such as between ‘see me’ and NHS Health Scotland and the Scottish Recovery Network.
CHAPTER TEN ASSESSING EFFECTIVENESS

Introduction

10.1 Drawing from across the range of data sources including documentary material, surveys, interviews and focus groups, this chapter focuses on the evaluation's second aim of determining the extent to which 'see me' has met its own strategic objectives (Box 10.1) and identifying the barriers and facilitating factors.

Box 10.1 ‘see me’’s strategic objectives

1. To tackle stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health
2. To challenge individual incidents of stigma and discrimination
3. To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest
4. To ensure that the voices and experiences of people with mental health problems and their carers are heard
5. To promote a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared.

Strategic objective 1 - Raising public awareness

Quantitative indicators

Public attitudes

10.2 The evaluation did not include quantitative surveys to assess the effectiveness of ‘see me’. Data from the 'Well? What do you think?' survey (Braunholtz et al, 2007) do however, enable a comparison of attitudes to mental health problems over the period immediately prior to the launch of the campaign and subsequently in 2004 and 2006.

10.3 Although the published data do not include analyses of statistical significance they are suggestive of some degree of attitudinal change (Annex 6). This is most notable in relation to perceptions of dangerousness where there is a substantial decrease over the period in the proportions agreeing that "people with mental health problems are often dangerous". But what is also illustrated is the instability in the patterns; changes between 2002 and 2004 are not necessarily sustained by 2006. Agreement with the view that the public should be better protected from people with mental health problems, for example, decreases then rises. A number of different interpretations have been proposed for this apparent instability, including, for example, in relation to this specific item, the influence of negative media interest in the issue of secure care at the time that data for the 2006 survey was being collected.
10.4 The ‘Well? What do you think?’ survey also indicates changes in the patterns of perceived stigma and discrimination by people with direct experience of mental health problems. Over the period 2002 to 2006, the proportions of people who indicated that they had not experienced any difficulties from others because of their mental health problems rose from 68% in 2002 to 75% in 2006 (with a slight dip to 64% in 2004). Among those who had experienced difficulties this was most frequently in relation to participation in social events. In 2002, 12% of the sub-sample of respondents felt they had been discouraged by others from taking part in a social activity because they had a mental health problem, this rises to 15% in 2004, but decreases to 11% in 2006.

10.5 ‘see me’ commissioned a number of attitude surveys that were run immediately prior to and post the general public campaign strand launches (see Annex 7 for list of ‘see me’ commissioned surveys). Street surveys of 525 randomly recruited adults were run in December 2002, immediately after the October 2002 launch, in Aberdeen, Stirling and Edinburgh and again in Aberdeen and Edinburgh in February 2003. These were augmented by telephone Omnibus surveys of over 1,000 people undertaken in March 2003, and also immediately prior to and post the second general public campaign strand launch in October/November 2003. The data from the street survey and Omnibus surveys are summarised in Annex 8.

10.6 The data suggest some positive changes in expressed attitudes between December 2002 and November 2003, for example the decrease in the numbers of people who would not want others to know if they had a mental health problem, and in the proportions believing people with a mental health problem are often dangerous. There are also increases in the proportions believing that the majority of people with mental health problems recover and that people with mental health problems should have the same rights as other people. Again the pattern over this short time period is not consistent, there is, for example, a marginal increase in negative attitudes between campaigns, and some improvement immediately post campaign, but also some attitudes changing outwith any campaign activity.

Campaign awareness

10.7 The ‘Well? What do you think?’ surveys have tracked public awareness of the different initiatives running under the National Programme over the years 2004 and 2006 (Annex 9). Although different campaigns have different levels of funding, different aims and different histories, there is a value in comparing awareness of the different initiatives as a measure of brand recognition, albeit that people may not necessarily know what the brand is advertising. In answer to the question *There have been a number of campaigns, initiatives and promotional activity regarding mental health in Scotland. Have you heard of any of the following or not?* the survey responses suggest that over this short time period campaign awareness of ‘see me’ has increased from 34% to 37%, that is, to over one-third of the adult population. Over this same period, however, awareness of Choose
Life, which is not perceived as a campaigning body, has also increased from 26% to 32%, while that of HeadsUpScotland was as high as 19%.

10.8 What the 2006 survey also found was that across the different initiatives, awareness is lower among people with no personal experience of mental health problems (either directly or through someone they know). In relation to ‘see me’, awareness falls from 43% of those with direct experience of a mental health problem, to 21% among people with no experience. The comparable figures for Choose Life are 34% and 23%. In effect, awareness of the name ‘see me’ appears to be marginally lower among people with no experience of mental health problems than Choose Life.

10.9 ‘see me”s own assessment of the reach and recall of its general public campaign strand is reflected in the findings from the street surveys and Omnibus telephone surveys, described above. The findings from the Omnibus surveys are summarised in Annex 10. The data indicate that spontaneous recall of hearing or seeing advertising on stigma and discrimination toward people with mental health problems was 20% in December 2002, following the campaign launch in the October, peaked in March 2003 and rose to 28% following the launch of the second general public campaign strand in October 2003. Of those surveyed in December 2002, 16% could recall seeing or hearing advertising of this nature if prompted, this rose to 20% following the second launch.

Measuring the impact of other campaign strands

10.10 Although the Employment and Workplace campaign strand, launched in July 2004, underwent a comprehensive pre-campaign development process (see Chapter 6) it has not been subject to post-campaign evaluation. This is because the focus has been on building a ‘commitment movement’ of local and national companies, to whom ‘see me’ would then go back and suggest joint action which could then be evaluated. There is therefore currently no quantitative data, beyond requests for campaign materials and media ‘spots’, to indicate the impact of this campaign strand.

10.11 Evaluation of the young people's campaign included a pre-launch 'tracking survey' of 448 children in two schools in Orkney and Dunfermline, followed up by a post launch survey completed by 406 young people in schools in Orkney, Clydebank and Haddington in April/May 2005 (Citigate Smarts, 2005a; 2005b). It is understood that schools from these areas were selected to ensure geographical spread and an urban/rural mix. Although the schools in Orkney comprised 70% of the pre-sample of 448 young people, and only 10% of the follow up sample of 406, there is no discussion of whether and how this unequal distribution by geographical area may have impacted on the overall findings.

10.12 The tracking survey was followed up in September 2005 by four focus groups: two in one school in Clydebank and two in a school in Haddington. These groups involved a total of 44 participants, including 20 aged 12-13 years and 24 between the ages of 15 and 17.
10.13 To provide an indication of the level of campaign awareness and self-reported impacts on attitudes prior to and after the launch of the young people's campaign strand the following focuses on the two tracker surveys.

Campaign awareness

10.14 The follow up report on the two surveys prepared by Citigate Smarts (2005b) suggests that:

- Among the follow-up sample (n=406), prompted recall of the two cartoon characters used in the young people's campaign was around 47%. Of the total sample, 189 (43%) recalled seeing a TV advertisement featuring the cartoon characters. A third of the follow-up sample had not seen the advert
- Of the 255 young people (63% of the total sample) who responded to the question “what do you think the adverts are about?”, 83 suggested that they were about bullying, and 55 that they were related to mental health
- Of the 189 who had seen the advertisements, 10% had talked about them with friends, teachers or family. Approximately 11 young people felt that the advertising had had an impact either on themselves or their friends, including by increasing awareness of mental health.

10.15 The data reproduced do suggest that, approximately three to four months after the launch of the campaign strand, around half the young people sampled were aware of the advertisements, suggesting a sizeable reach and recall. Awareness of the focus of the campaign is perhaps more diffuse, but some were picking up the specific mental health message, including a small number who had felt moved to talk about the campaign with people they knew. It is not known whether these young people were already in some way sensitised to the issues.

Young people's knowledge about mental health problems

10.16 Pre- and post-campaign the young people were asked to indicate from a list the diagnoses/disabilities those that they thought were mental health problems. Table A11.1 in Annex 11 indicates the responses over time.

10.17 What the data suggest is an increase in awareness of anorexia (targeted in the 'Cloud Girl' campaign), stress and 'manic depression' as mental health problems. Data produced by Citigate Smarts indicate that this increase is greatest amongst those who recalled the advertising. The data also suggest marginal reductions in the number of young people who considered Autism, Multiple Sclerosis, Alzheimer's Disease, Parkinson's Disease and Dyslexia to be mental health problems. This indicates an increasing awareness of both what is and what is not a mental health problem. Conversely, however, fewer were identifying schizophrenia as a mental health problem, while marginally more were including ADHD in this category.
10.18 The data suggest positive changes in attitude, but again, no statistical analyses have been done to determine their statistical significance. Given that anorexia and self-harm were the main targets of the campaign, it is also not clear how the advertisements on their own could have impacted on knowledge of the other diagnoses/disabilities listed. This also needs further consideration given that over half of the follow-up sample could not recall seeing the advertisements. Again, the impact of other initiatives, and possibly even activities within the schools to contextualise the surveys, may have made some contribution to the changes.

Young people's attitudes

10.19 The tracking surveys also included a series of attitude questions to identify possible changes pre- and post-campaign. These included both attitudes towards adults with mental health problems and those towards young people. Table A11.2 in Annex 11 summarises the data comparing the pre- and post-surveys. This again draws on the reports prepared by Citigate Smarts. The follow-up report only includes analyses of attitudes towards young people with a mental health problem.

10.20 The data suggest very little change in attitudes overall, although again there are no assessments of statistical significance. Insofar as there has been change, it is not in any consistent direction. Along some dimensions, attitudes appear to have become more 'positive', most noticeably in relation to the perceived attitudes of other young people towards those with mental health problems - a focus for the young people's campaign strand. Conversely, marginally more believed that young people who hear voices should be locked up.

10.21 A further set of questions in both the pre- and post-campaign surveys asks the young people to indicate how they would feel and whether they would know what to do if a friend was feeling down all the time, or deliberately cut themselves (self-harm being one of the campaign strand targets), or was hearing voices. The data presented in the report suggest positive changes overall across the three different problems in terms of fears for themselves or for their friends or in the proportions feeling they would know what to do to help their friend. The commentary prepared by Citigate Smarts suggests that post-campaign, those who could recall seeing the advertisements were more likely to feel that they would know how to help their friend than those who had not been exposed. The data from the commentary and pre-campaign report are summarised in Table A11.3 in Annex 11.

10.22 The material made available therefore suggests that young people who had been exposed to the campaign felt they were more confident about knowing what to do if they had a friend who told them they were experiencing certain difficulties. What is perhaps difficult to account for, however, are the decreased levels of confidence (compared with the overall pre-campaign figures) among those who had not seen the campaign.
10.23 What is missing from the follow up study is an analysis by gender or age (this may have been undertaken, but was not made available in the report). This takes on significance in the light of a finding from the pre-campaign survey that the most discriminatory attitudes were amongst the older age groups, who were also identified as the most knowledgeable. Further, it was found that boys tended to have more negative attitudes than girls. Clearly, if this is the case it has important implications for further targeting and, potentially, even consideration of the assumption that knowledge per se impacts on attitudes.

10.24 Overall the data from the children and young people's tracking surveys suggest that the campaign reached about half of those surveyed, and had some effect in terms of attitudes and perceived confidence in dealing with a friend experiencing mental health difficulties.

The repertoire effect

10.25 Clearly the national and specially commissioned surveys do indicate some shifts in mental health awareness and in expressed attitudes, though the comparatively short time periods covered at this early stage make it difficult to interpret some of the emerging trends. While not wishing to undermine the contribution of ‘see me’, some caution should, however, be exercised before attributing responsibility for effecting attitudinal change (in either direction) solely or primarily to the campaign, given the repertoire effect of a number of other initiatives coming on stream over this time period. As discussed in Chapter 3, ‘see me’ is just one of a number of policy and legislative initiatives, including the Mental Health (Care and Treatment) (Scotland) Act 2003, the Disability Discrimination Acts of 1995 and 2005, health improvement policies as well as the initiatives developed under the umbrella of the National Programme. A number of public sector, but non-mental health, agencies described how the Mental Health (Care and Treatment) Scotland Act 2003, Scotland’s Mental Health First Aid, and also the ‘Delivering for Mental Health’ plan (launched in December 2006), had acted as major triggers to addressing mental health awareness and mental health related stigma and discrimination. Representatives of the National Programme delivery vehicles commented that, although ‘see me’ was leading in the field of activity relating to the stigma associated with mental health problems, other activities, including their own, were making a contribution in different ways. This is perhaps given further corroboration by the patterns of awareness of different mental health related campaigns. As indicated above, by 2006, almost as many people were aware of the name Choose Life, for example, as they were of ‘see me’.

10.26 Rather than taking away from what ‘see me’ has achieved, this does seem to reinforce the value of having different initiatives working at different levels and with different emphases to collectively affect perceptions of and attitudes towards mental health and mental health problems.
Qualitative findings from the current evaluation

10.27 To provide added support to and possible explanations for the quantitative data, participants in focus groups, surveys and interviews across the three phases of the evaluation were asked about their awareness of the campaign and their personal perceptions of whether it had had an impact. Respondents included those directly involved in the mental health system (including health and social care), as well as people at one step removed i.e. working in regeneration, private industry/employment, anti-poverty, prison and police sectors.

10.28 Clearly, people were talking from their own perspectives, and in some respects their comments are 'anecdotal' drawing on their personal experience, rather than on research or evaluations undertaken within their fields. Further, the numbers involved from across and within sectors or organisations are small. This is not to dismiss the validity of these views, but to put them in context. While arguably not 'representative' nor 'evidence based' these experience-based views - whether positive, negative or neutral about the campaign - nonetheless draw attention to or raise important issues that require consideration.

10.29 What is also perhaps indicated is the need for more systematic evaluation of activities at 'local'/organisations/sector level aimed at addressing the stigma and discrimination experienced by people with mental health problems. As noted in Chapter 7, of the 28 activities described in the NHS Board area survey only 10 had been evaluated.

10.30 Unless otherwise stated, the views reported are those of individuals outwith those directly linked with 'see me' either operationally or managerially.

Campaign awareness

10.31 On the basis of personal experience, people from across the different sectors included in the evaluation indicated a personal awareness of the campaign, whether through their professional roles, or in their private capacities as members of the general public. People spoke positively of the television advertisements and posters, and the tone of the campaign, reflecting 'see me”s own aspirations not to alienate people by the use of a hectoring tone. People working with young people reflected back the generally positive comments of the young people who had seen the material. One respondent, outwith ‘see me’ made the point that when they put campaign materials out at conferences people look at and pick up materials rather than just walk past.

10.32 A consistent term used to describe the campaign was its "visibility", both in terms of the high profile quality images and in terms of contributing to putting mental health as an issue on people's "radar".

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10.33 The campaign was perceived to be a combination of raising awareness, confronting myths about and "normalising" mental health problems in the sense of emphasising these as a common experience.

10.34 The targets were also felt to be well-chosen, particularly the focus on young people - less because of the issues of self-harm and eating disorder, which, from the perspective of several respondents, were perceived as quite narrow - but because it helped to raise awareness before attitudes hardened.

**Perceived nature and direction of impact**

10.35 In terms of perceived impact, one focus group of service users described, anecdotally, a possible negative effect describing how children in the playground “use the campaign as a way to slag people off, going around saying things like ‘see me, I’m a schizo’”. This, however, was the only indication of a negative impact. Other responses across the different data sources, suggest that people perceived the campaign as having a generally positive or 'neutral' impact, 'neutral' in the sense that the campaign was felt not to have reached certain groups. This 'neutral' perspective is discussed further below.

**Perceived positive impacts**

10.36 Although only about one-third of the 28 activities described in the NHS Board area survey were subject to evaluation, respondents described positive outcomes for 23. These included, raising the profile of ‘see me’ campaign messages, anticipated or increased awareness of mental health issues among local populations, changed attitudes towards mental health, an increased profile for local mental health initiatives and organisations and mental health benefits of users involved in activities.

10.37 As these examples from the NHS Board survey suggest, 'positive' impacts can be identified at individual, organisational / professional and systemic level.

**Perceived individual level impacts**

10.38 Individual level impacts include the experiences of media volunteers who not only felt they had gained personally from their role as volunteers (see Chapter 8), but were able to recount instances of people coming up to them after they had spoken to talk about their own experiences.

10.39 Other people, talking from an employment perspective, suggested that the apparent greater readiness to admit to stress as the reason for absence from work, rather than using 'backache', was a sign of greater openness, to which ‘see me’ was felt to have made a contribution.
**Perceived organisational/professional impacts**

10.40 Perhaps linking individual and professional level impacts, one professional felt that the materials had made him reflect on his own potentially stigmatising behaviours.

10.41 Representatives from different organisations or different professional groups, including those outwith the health and social care professions, perceived a change, to some extent, in the awareness of mental health issues among front line staff. Two organisations reflecting a housing/regeneration focus both independently felt there was a level of mental health awareness among staff that they had not seen before. While not attributing this cultural shift solely to ‘see me’ they did see it as a result of the wider policy environment of which ‘see me’ was a part.

10.42 As discussed in Chapter 7, for organisations and institutions outwith health and social care, bringing in ‘see me’ to support activities, both improved the profile of the companies as organisations who took the mental health and well-being of their staff seriously, but also helped to shift the culture, particularly in traditionally "macho" environments in which it can be difficult for people to admit they are having problems.

10.43 In the public sector, one respondent described the introduction of their mental health and well-being strategy as a way of ensuring what they described as more visible support for the ‘see me’ "philosophy".

10.44 A key area of professional practice where ‘see me’ was perceived to have had visible impact was in relation to media reporting. Consistently across the different participant groups (including users, carers, and representatives from the National Programme delivery vehicles and mental health or disability-related voluntary and statutory sectors), the view was that, compared with England, there had been a noticeable reduction in negative headlines and reporting.

**Perceived systemic impacts**

10.45 For both the public and private sector, the value of ‘see me’ was that it was something that could be used, rather than having to develop something themselves. What also emerges from across the different data sources is a perception of ‘see me’ not just as a resource, in terms of the 'hardware' of leaflets and posters and the 'software' of its perceived expertise, but its role as a "galvanizing force".

10.46 The campaign was seen as providing a catalyst and a focus for addressing stigma, giving activities a focus and legitimacy. In addition, members of the ‘see me’ management group felt that working together on the campaign had brought a greater understanding of each other's organisations. Two of the organisations represented had gone on to undertake joint work outwith the ‘see me’ context. One member of the management group also suggested that the campaign had had a "galvanizing" effect on
the mental health community in Scotland. Together with the work of the National Programme, it was felt to have helped this community feel more “valued”.

10.47 From a slightly different perspective, a voluntary organisation outwith the ‘see me’ management group felt that the campaign had also reflected and supported a shift in the mental health service user movement from a focus on mental health problems and specifically health care services, to a broader equalities agenda.

10.48 A third potential systemic impact, is the across sector learning. This is discussed further below but the scope for learning from ‘see me’ by other bodies addressing other sources of stigma and discrimination also suggests a wider impact beyond specifically mental health problem related activity.

"Yes, but...."

10.49 As already suggested the quantitative data from the national 'Well? What do you think?' surveys and those commissioned by ‘see me’ suggest that there have been positive changes in attitudes over the period 2002-2006. Further, the perception from respondents interviewed across the three phases of the evaluation was that ‘see me’ had been a force for good in raising public awareness of mental health problems. Nonetheless the comments and responses also raise a number of questions that, while not intended to undermine what has been achieved may suggest areas for consideration in future work to address the stigma and discrimination experienced by people with mental health problems.

A victim of its own success?

10.50 The quality of the campaign and the recognised expertise vested in ‘see me’ may have the unintended consequence of deferring responsibility for anti-stigma work to the campaign, rather than embedding it within agencies and organisations. This was touched upon both in the discussions with the National Programme delivery vehicles (see Chapter 7), but also by a respondent from an equalities agency who wanted to ensure that local bodies, such as GPs took on responsibility, and did not "pass the buck back to ‘see me’". At the same time, the fact that there was an 'off the shelf' 'quality rated' campaign upon which non-specialist agencies could draw may also encourage take up.
10.51 A further issue is the need for continuity. As a number of respondents, both those directly associated with ‘see me’ and those outwith commented, awareness-raising campaigns have only a short shelf life, and without being sustained and “refreshed” any gains are lost. Further, that although it was a “job well done” it was not a case of a “job done”; the view was that the process of addressing stigma had begun but was not complete. A number of respondents felt that the initially high profile had, however, been weakened, a possible function of refocusing on supporting local level work, a tension discussed in Chapter 4.

Limits to reach?

10.52 A further issue raised by respondents was whether there are parts of the general population that ‘see me’ has been less successful in reaching. This had two dimensions: first the extent to which ‘see me’ had been able to reach beyond the environments of the willing or already sensitised, if not the already converted; second, whether the approach taken may unwittingly have systematically excluded some groups from the campaign and the campaign's messages.

10.53 Respondents who were personally aware of the campaign and prepared to talk about its impact nonetheless frequently added the caveat that they were not sure about the extent to which it had reached those who did not necessarily already have a degree of professional or personal awareness, including others within their own fields. A professional working in one not-for-profit agency commented, "I can see what they are trying to achieve as someone who works in the field, but I'm not sure if the general public would be that clued up about the messages they are trying to get across".

10.54 As already noted, and as the respondents commented, these were personal conjectures and did not draw on a systematic evidence base. The ‘Well? What do you think?’ surveys and ‘see me’’s own assessments of reach and recall following campaigns would seem to suggest some degree of incursion beyond the already sensitised. However, there were also comments that suggest that confidence in the reach of the campaign does need to be tempered.

10.55 First, as was revealed by the NHS Board area survey and workshops as well as the interviews with people from different organisations and agencies, local take-up, whether at an area-level or within agencies or organisations is variable, and is contingent on local factors, including product champions in a position to effect action. The lack of local co-ordinators with specific responsibility may be a contributory factor. But this also raises issues for both mainstreaming and sustainability of anti-stigma and discriminatory activity (see Chapter 11).

10.56 Second, in the key area of employment and employability, comments of a number of respondents suggest that the starting point in terms of effecting change was still very far back. It was suggested, for example, that although employers were increasingly responding to the employability agenda (within a context of labour shortages) this did not
necessarily extend to the employment of people with experience of mental health problems. Similarly, it was suggested that there was scope for considering the barriers to the inclusion of people with mental health problems in collective bargaining structures.

10.57 The comments of the respondents from the two private companies interviewed as part of the evaluation suggest that, in some areas, there is a readiness and a willingness to demonstrate support for the campaign. In one of these companies, two suicides indirectly led the company to the campaign, via the Choose Life co-ordinator. In the second company, the distribution of the materials was in a context in which it was felt they already had good mental health policies in place. While giving visibility to ‘see me’ and to the organisation’s support for the campaign's messages, in neither company was it suggested that systems or practices changed as a result of the campaign. This was either because systems were perceived to already be 'robust' or because "other things take priority".

10.58 While effecting change in attitudes and behaviours in the areas of employment/employability are not the responsibility of ‘see me’, given the campaign's own strategic objective to tackle "stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health" the responses do suggest there is further scope for partnership working within key specific sectors to effect this objective, particularly in contexts where there is not already a degree of sensitisation to the issues. This issue is returned to below in Chapter 13.

10.59 The third dimension of reach relates to the way in which the population or populations have been segmented. To date the national campaign has been targeted at an undifferentiated 'general population', the 'workplace' and 'young people'. This was based on a strategic decision not to distinguish different groups within these broad categories. In 2003, for example, ‘see me’ documentary material refers to a decision not to focus specifically on black and minority ethnic communities, pending ‘see me’ finding out more about the specific ways in which mental ill-health and stigma were experienced by different BME communities.

10.60 In November 2004, ‘see me’ convened a roundtable event to support the campaign to "deliver the anti-stigma message to BME communities". Further, in recognition of the finding that the language, images and concepts used in the campaign were not necessarily meaningful to people from black and minority ethnic communities, ‘see me’ supported the work of the Glasgow anti-stigma partnership to research and develop materials appropriate for use with Pakistani, Indian, Chinese and African Caribbean communities (Glasgow anti-stigma partnership, 2007). In addition, ‘see me’ has translated advertisements into Urdu for radio broadcast, paid for media time and supplied interviews for Radio Ramadhan.

10.61 Despite this, consistently across the different phases of the evaluation respondents commented upon the perceived lack of sensitivity within the campaign strands to the diversity of the population, including people who may be subject to multiple sources of
discrimination, such as people who are asylum seekers and refugees, and people from black and minority ethnic communities. There was a concern that what counts as the general population is in fact, what one respondent described as "a white indigenous population". Further, while valuing the young people's campaign, including the focus on self-harm it was suggested that the images themselves were what one respondent described as "gender stereotyped". Older people were also felt to have been largely overlooked by the campaign, whether as people who experience stigma and discrimination because of a mental health problem or as a target group for raising awareness.

10.62 While based on an external perception of the campaign, the concerns suggest that: in terms of the process of campaign development; in the ways in which it addresses the stigma and discrimination experienced by people with mental health problems, including people who may also be at risk of other sources of discrimination; and in the ways it raises awareness of mental health, the campaign not only needs to consider issues of diversity and equality, but is also seen to do so. At the very least, it may also underline the need to equality impact assess future activities targeted at addressing the stigma and discrimination experienced by people with mental health problems.

Beyond a public relations campaign?

10.63 As discussed in Chapters 1 and 4, 'see me''s model of change is predicated on a planned progression from awareness raising to attitude change to behaviour change. The focus of the first stage is that of raising awareness, of "making a non issue an issue". The issue raised by several respondents was whether a public relations campaign alone could lead to a deeper understanding. As one respondent remarked, "It will take more than a poster or a cinema ad to change attitudes". A number of respondents suggested the need to follow through the campaigns with a 'call to action'. As one commented, if awareness raising and understanding are not linked to action, "Where does this get you?". As noted above, while organisations may give ‘see me’ a profile, this does not necessarily follow through to changes in practices. The implications of this for future activities are discussed in Chapters 11 and 13.

Awareness now, but discrimination when?

10.64 Several respondents, while valuing the quality of the campaign, wondered whether, in its attempt not to alienate people, it had in fact been almost "too nice", and what was needed was a stronger statement saying that "stigmatising is wrong" and discrimination illegal. The analogy drawn was with the zero tolerance campaign for addressing domestic abuse. The suggestion made was that a two-track process was needed: a 'promotional' side as well as a "big stick". Arguably by not setting out to change discriminatory behaviours in the first instance and relying on generational change, the campaign potentially leaves unaddressed the discriminatory practices currently being
experienced. In the words of one respondent, “is it appropriate to expect people to wait 20 years?”

**Strategic objective 2 - Challenging individual incidents of stigma and discrimination**

10.65 The second strategic objective of the campaign is to "challenge individual incidents of stigma and discrimination". As discussed in Chapter 4, for the purposes of this objective "individual incidents" of stigma and discrimination refer to negative representations of mental health in the media, not about directly responding to cases of stigma and discrimination experienced by individuals. This objective sets in context the subsequent development of media guidelines, the Media Volunteers Programme and Stigma Stop Watch (see Chapters 5 and 8).

10.66 Stigma Stop Watch is seen by ‘see me’ as having both a reactive role, in responding to negative reporting, but also a "proactive" role, in preventing negative reporting.

10.67 Key "successes" of Stigma Stop Watch identified by the campaign include:

- The response to the complaints made against the Sun for its the "Bonkers Bruno" headline (in relation to Frank Bruno the boxer). This resulted in an apology and an editorial in the Sun and the issue also being picked up by other newspapers;
- The role of SSW in contributing to the withdrawal by the Coca Cola company of its advert "Blind dates without the psychos";
- A challenge to the derogatory remarks made by John Swinburne, MSP in the context of a debate on the siting of a secure unit;
- Apologies for the use of derogatory terms in two BBC TV programmes.

10.68 ‘see me’ documents also suggest that Stigma Stop Watch has been used a vehicle for adding weight to local voices. In Lanarkshire, for example, an area where ‘see me’ and Choose Life had been working with local football clubs, local campaigners complained to ‘see me’ about the use of derogatory terms in a Soccer Savings advertisement. In response to ‘see me’’s complaint, the advertisement was retracted and an apology made for the offence caused.

10.69 The work of the media volunteers, described in Chapter 8 above, is a further vehicle for proactively and reactively challenging negative media reporting. The relationships the communications agency seeks to establish with the media were also identified by ‘see me’ as a route for both responding to and preventing negative representations, including seeking changes in storylines of television soap operas. The media guidelines on reporting suicide and mental health problems also provide a potential resource on which journalists can draw.

10.70 These different vehicles illustrate how active the campaign has been in setting up processes for challenging individual instances of stigma and discrimination, defined
largely in terms of media reporting. As discussed above, from the perspective of participants from across the different stakeholder groups across the three phases of the evaluation there had been an improvement in media reporting, particularly when compared with England. The small number of media volunteers interviewed also felt that they had made an impact on the way stories were reported and that there had been a shift in terms of the language used by the press. The difficulty, however, is establishing with any certainty the extent (and sustainability) of any change achieved through these processes. The brief content analysis, for example, described in Chapter 8 suggests that while there had been some change in positive reporting there had been little or no change in negative reporting pre- and post-campaign, though it is recognised that this may be because of the limited scope of the analysis. Notwithstanding the efforts of the research team it has also proved difficult to obtain a sufficiently large sample of media representatives to obtain a real sense of their awareness of, and responses to, the campaign and its work. What did emerge, however, from the small number of media professionals surveyed and interviewed and from a focus group with service users, was the potentially two-edged nature of initiatives such as Stigma Stop Watch. It was suggested, for example, that they may unwittingly provoke the negative responses they are seeking to prevent, for example by media professionals seeking to "make a name" for themselves. Further, that by focusing on outcomes rather than processes these initiatives may not draw attention sufficiently to the media's social responsibilities. From this perspective the service users focus group felt that the emphasis should be more on influencing editors, senior media professionals and owners of the media.

10.71 As noted in Chapter 4, this campaign objective has undergone a subtle shift over time, towards placing less stress on 'see me' s own role in tackling individual instances of stigma and discrimination to one of "promoting a culture" in which "we all challenge" individual incidents. The work the campaign has undertaken with one NHS Board to provide advice on responding to negative reporting about patients, is perhaps illustrative of this shift and may suggest a way forward for creating a climate in which the 'community sanction' or social approbation transfers from those currently stigmatised, towards those who stigmatisate through the use of language.

10.72 However, for one respondent a harder edged approach was also required in the form of legislation to prevent the use of inflammatory language. As will be returned to in Chapters 11 and 13, to address both stigma as attitudes, and discrimination as behaviours may even in relation to media representations suggest the need for both a 'stick' and a 'carrot' to effect change.
Strategic objective 3 - To involve people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest

10.73 This section explores how effective ‘see me’ has been in terms of involving people at national and local levels and across sectors and communities of interest. It looks at who ‘see me’ has developed links with and for what purpose, the different methods utilised for engaging with people and organisations and the barriers and facilitators associated with these and outcomes of these relationships.

Why involve people?

10.74 For ‘see me’ involving people in the campaign was seen as a way of:

- Generating understanding across Scotland of the key issues which affect people with regards to stigma
- Building knowledge of different approaches to challenging stigma which are underway across Scotland
- Consulting on and obtaining feedback to assist campaign development
- Building momentum and infrastructure to roll the campaign out across Scotland
- Co-ordinating action and avoiding duplication of effort.

10.75 For these reasons, building relationships with others has been an important component of ‘see me’’s work, throughout the lifespan of the campaign. In the early days it was thought to be crucial to motivate and encourage others to get involved in ‘see me’-related activities to generate widespread “ownership” of the campaign, and in turn maximise the reach of ‘see me’ messages. Through maintaining contact with key organisations over time, there was also the potential to continuously “drip feed” messages out across Scotland. Thus it was believed that building widespread “grassroots” support was vital to the overall effectiveness of campaign delivery.

Who has been involved

10.76 Potentially, any organisation in Scotland could be involved with ‘see me’ in anti-stigma activity, whether as an employer, service provider or campaigner. ‘see me’ staff described working with a wide variety of organisations, across local, regional and national levels. Participants across the three phases of the evaluation also indicated the links they had with ‘see me’. Through these discussions, the following sectors and communities have been identified as having some involvement in anti-stigma activities with ‘see me’;
**Mental health organisations**

- *Alliance member organisations*, i.e. SAMH, Penumbra, Royal College of Psychiatrists, NSF Scotland, HUG
- *National Programme partners*, e.g. Breathing Space, Choose Life, Healthy Working Lives
- *Other national mental health agencies*, e.g. Depression Alliance Scotland, Mental Health Foundation, Samaritans
- *Mental health user and carer groups*, e.g. VOX, advocacy organisations

**Communities of interest**

- *Equalities groups*, e.g. National Resource Centre for Ethnic Minority Health, LGBT Youth, DRC
- *Age related groups* e.g. Childline, Young Scot, Age Concern

**Sectors**

- *Public sector*, e.g. NHS Boards, local authorities, police, universities and colleges
- *Business sector*, e.g. Amey, Standard Life, football clubs, local enterprise companies
- *Voluntary sector*, e.g. CVSs
- *Media and PR*, e.g. IAS Smarts, journalists, Press Data Bureau

**Individuals**

- *Elected representatives*, e.g. councillors, MSPs, MPs, MEPs
- *Individual users and carers*

**UK / International**

- *UK*, e.g. Five nations anti-stigma representatives
- *International links*, e.g., IIMHL network

10.77 The nature of the relationships between ‘see me’ and different organisations and individuals vary enormously, from key campaign delivery partners at one end of the scale, to general information sharing at the other end. Some organisations were viewed by ‘see me’ to be vital to the overall success of the campaign; Alliance members and IAS Smarts for example. Other relationships varied in their importance depending on the phase of the campaign. For example, links with children and young peoples’ organisations were viewed by ‘see me’ as being particularly important around the development and launch of the 'Cloud Boy' and 'Cloud Girl' campaigns.
10.78 While there was widespread awareness about the campaign, a number of the organisations consulted as part of the evaluation, including those within and outwith the mental health sector, stated that they had no direct involvement with ‘see me’ at that time. Participants also identified other sectors or organisations that they felt could potentially develop productive links with ‘see me’ but which, it was believed had not done so to date; these included lawyers, agencies tackling poverty and deprivation and some BME communities.

**How relationships are developed**

10.79 Involvement in the ‘see me’ campaign is instigated in a number of ways;

- ‘see me’ proactively identifies key partners and localities they wish to work with and targets them directly
- Organisations or individuals contact ‘see me’ for information or advice or suggest working together
- Organisations or individuals are directed toward ‘see me’ by other agencies.

**Proactive ‘see me’ contact**

10.80 ‘see me’ staff described employing an ‘open door’ approach to developing contacts, whereby they prioritise localities or organisations who indicate an interest and commitment to working with them. This approach reflects the limited workforce capacity within the ‘see me’ team, and a consequential inability to dedicate significant time resources to building relationships where there is no local will to undertake anti-stigma work with ‘see me’.

10.81 Organisations or agencies that fit in with the various campaign strands, such as those working with children and young people, may also be actively targeted in the development and implementation phases of the campaign. Not only was this seen by the ‘see me’ staff team as aiding with consultation and campaign delivery work, but it also helped ‘see me’ to tap into previously untapped networks. Amey Roads, for example, thought ‘see me’ saw them as a potential route into other white-collar organisations.

10.82 In return for local or organisational commitment, ‘see me’ staff described how they would tailor their support to best meet individual needs. This approach was viewed as offering maximum return for the limited input ‘see me’ was able to invest.

10.83 While the approach of targeting areas where a door was already at least partially open may make efficient use of the small staff team's capacity, it may mean that some hard to reach groups or areas where stigma is entrenched will remain uninvolved because working with these groups is not viewed as practicable. This is an issue for consideration in the future and will be returned to in Chapter 13.
Reactive contacts by ‘see me’

10.84 Evidence from the NHS Board survey indicated that ‘see me’’s involvement in the local activities described by survey respondents was more likely to have been instigated by local areas (53.6%), than by ‘see me’ (42.9%). Among the organisations taking part in the evaluation a number described instigating contacts with ‘see me’. Birchwood Highland, for example, contacted ‘see me’ to see whether they could benefit from the campaign's PR expertise in their planned anti-stigma bike ride. Amey Roads became involved in ‘see me’ activities through working with Choose Life in North Lanarkshire.

10.85 The core reasons local areas and organisations gave for getting involved with ‘see me’ was to use the campaign's input to support and/or guide the development of local anti-stigma activity and raise awareness of stigma and mental health in general. It was also hoped that through undertaking anti-stigma activities in partnership with ‘see me’ that they could contribute to dispelling some of the myths and fears around mental health problems, and promote more positive images and stories of people with mental health problems. It was also felt that anti-stigma activities involving ‘see me’ could contribute to other strategic objectives, including mental health awareness, equalities agendas, disability frameworks etc.

Working with local areas

10.86 ‘see me’ staff described how they had sought to develop local champions for ‘see me’ activity in each NHS Board area. Responsibilities for maintaining connections with key contacts are split between the ‘see me’ staff team, with different members of the team taking responsibility for different NHS Board areas, and resources have been dedicated to develop these local networks.

10.87 Local Choose Life co-ordinators and Healthy Working Lives co-ordinators can provide potential routes in, although they do not act as lead contact with ‘see me’ in any area in Scotland. In most localities, as the evidence from the survey of local areas revealed, a representative from within the NHS Board takes a lead.

10.88 As described in Chapter 7, different partnership models have been developed within local areas and between local areas and ‘see me’ for undertaking anti-stigma work. In Greater Glasgow, a formalised anti-stigma partnership had been set up, involving over 30 organisations, including ‘see me’, and with dedicated funding from the NHS Board and all key partners. The Greater Glasgow workshop participants described how the relationship with ‘see me’ had evolved and matured over time into one that had become more equal and mutually supportive, as both parties experience and expertise had developed. In Tayside, Plus Perth, a local mental health service user forum, had led on ‘see me’ activities locally, and had worked in partnership with other voluntary and statutory services to develop activities. In the Western Isles, partnership working around anti-stigma work had been more problematic because of capacity issues, and a local mental health network had ceased due to staff time constraints.
10.89 The relationship between ‘see me’ and local areas could vary over time. ‘see me’ described how links with Grampian had in the past been very strong, but that this had relied on one particularly dedicated individual based within NHS Grampian. When this individual moved roles, the links with the NHS Board area were diminished. This highlights a fragility within the ‘see me’ structure, where local action is reliant on enthusiasm and prioritisation of anti-stigma work, as opposed to dedicated local ‘see me’ staff capacity. Where commitment is evident, e.g. Greater Glasgow, then wide partnerships can develop, but where it is not, then the work can be reliant on one or two fragile connections, if any.

**Outcome of these activities**

10.90 When asked to describe what difference the involvement of ‘see me’ had on the development of local anti-stigma activities, all but one of the respondents to the NHS Board survey felt that the involvement of ‘see me’ had a positive impact on local anti-stigma work. Two thirds of respondents (8) stated that at least some of their activities would not have happened without input from ‘see me’, while over half (7) suggested that ‘see me’ had helped them to progress with existing anti-stigma work. In four areas, ‘see me’ was able to make a difference to local work in both of these ways.

10.91 Partnerships between ‘see me’ and others could enable organisations to build on the PR profile and materials ‘see me’ has developed, and enable ‘see me’ to build on local and organisational anti-stigma action. This two-way process could be particularly helpful for ‘see me’ where organisations developed expertise in particular issues, such as Glasgow has done in working with BME communities. As a consequence ‘see me’ has been able to benefit from being part of the Glasgow anti-stigma partnership, just as the partnership has benefited from ‘see me’’s input.

10.92 As noted in Chapter 7, evidence from the NHS Board survey suggests that evaluation may not necessarily be built in to local anti-stigma activities. Nonetheless survey respondents as well as workshop participants described what the perceived impacts of ‘see me’ in general and on the outcomes of local activities.

10.93 Participants in the local area workshops suggested that ‘see me’ had raised the profile of the stigma experienced by people with mental health problems to a level that would not have been possible on a local basis. The campaign had made anti-stigma messages visible locally, giving a base on which local activities could build. It was also recognised that the campaign had some “clout” with decision makers, so could be helpful in terms of building buy-in for anti-stigma work in local areas.

10.94 Perceived outcomes of undertaking activities in conjunction with ‘see me’ could be in terms of professional practice, personal empowerment and making new linkages. In one area, for example, teaching staff were felt to have become more tolerant of mental health issues as a result of working with ‘see me’. Within Tayside being involved in
designing and running local activities was felt to have empowered service users and increased their self-confidence. Participation in anti-stigma activities could also lead on to other related mental health activities; Amey Roads, for example went on to make links with Healthy Working Lives.

10.95 However, outcomes of working with ‘see me’ were not always recognisable. A number of evaluation participants, for example, discussed taking part in the round table discussion about BME issues but were not aware themselves of any perceptible further action by ‘see me’.

**Factors influencing local involvement**

**Funding**

10.96 Funding acted as both a barrier and facilitator to local involvement with ‘see me’. Funding had been dedicated within ‘see me’ to enable the team to network and build links with relevant organisations. Organisations were also able to tap in to some resources from ‘see me’, which could fund materials or in-kind support from IAS Smarts. When asked about who had funded the local anti-stigma activities described in the NHS Board area survey, respondents indicated that just over half had received some form of funding from ‘see me’.

10.97 The availability of funding at local level for anti-stigma work was variable across areas. Some areas, such as Greater Glasgow and Grampian had made a local funding commitment, but this appears to be rare across Scotland as a whole. In other areas capacity may be limited by lack of local funding.

10.98 Funding however was not viewed as such a barrier by the two private sector organisations interviewed in the course of the evaluation. These organisations appeared able to tap into internal resources.

**Other policy agendas**

10.99 As with funding, other policy agendas could act as both barriers and facilitators to the involvement of individuals and organisations with ‘see me’. On a governmental level, the National Programme as a whole was thought to have had an impact on how mental health was viewed in Scotland, to which ‘see me’ had contributed and from which it had benefited. The National Programme also provided a route for disseminating ‘see me’ messages. At the same time, however, interviews with representatives from the different delivery agencies suggest that opportunities for joint working between the different vehicles may not be being maximised, either because of limited strategic direction, or because of difficulties finding capacity to undertake joint working.
10.100 On an organisational front, ‘see me’ had the potential to link in with a range of other policies and strategies, particularly discrimination, equalities and mental health awareness work. ‘see me’ could be used by different organisations or agencies as a mechanism for meeting commitments with regards to mental health under these strategies; Mental Health Week, for example, was used by organisations in the voluntary and private sectors as a banner under which to undertake ‘see me’ activities. However, for some of the organisations interviewed, connecting with other policy agendas was described as a potential rather than an actual link. It was thought that there could be additional scope for ‘see me’ to link in with organisations through related policy agendas.

10.101 However, even given this potential for connecting through related policy agendas, ‘see me’ continued to face a situation where both anti-stigma work and mental health in general were not always viewed as a high priority, even within equalities, disabilities and social inclusion frameworks. With no obligation placed on public authorities to tackle stigma, it was thought by some participants for it to be too easy for organisations to pass this work off as ‘see me’’s responsibility alone. Getting anti-stigma activity on to policy agendas through engagement with policy makers and Human Resource structures, for example, was therefore thought to be a high priority for the future.

10.102 Within the broad mental health world, there was also potential for messages and approaches taken by ‘see me’ to differ or conflict with others. For example, ‘see me’’s messages around recovery rates, were thought to be too limiting by some, and inappropriate by others (e.g. for individuals with dementia).

Local champions and strategic buy-in

10.103 It was recognised both in the NHS Board area survey and workshops that the success of local anti-stigma work relied on dedicated and motivated individuals. Good relationships between local organisations and interested parties had the potential to facilitate co-ordination and guidance and build sustainability for the work. Developing positive relationships with local media for example, could also offer opportunities to highlight the ‘see me’ message.

10.104 Buy-in from management and those at a strategic level was considered to be an important success factor for the development of local anti-stigma activities. Within Glasgow, the local partnership co-ordination role was viewed as vital to the success of anti-stigma work. This role was described as bringing partners together, keeping momentum going, and acting as a champion for anti-stigma work.

10.105 Lack of local capacity to engage in anti-stigma campaigning was viewed as the most significant barrier to the development of activities. Staff shortages in the Western Isles were held to be largely responsible for past anti-stigma work “fizzling out”. With the islands described as being stretched and under funded in terms of delivering mental health services, anti-stigma campaigning could take a low priority. For some, mental
health awareness and anti-stigma work continued to be perceived as difficult issues for organisations to grapple with and potentially a time intensive exercise.

10.106 Of course, not all anti-stigma activity developed in Scotland is undertaken under the ‘see me’ banner. Other initiatives by HUG, Positive Mental Health Attitudes, and the WHO Collaboration Centre on Stigma and Discrimination hosted by Health Scotland, provide additional mechanisms for challenging the stigma and discrimination experienced by people with mental health problems. Whilst ‘see me’ had made connections with all of these initiatives, it is clear that capacity for anti-stigma work across Scotland both includes and extends beyond ‘see me’.

‘see me’ team and structure

10.107 A strong ‘see me’ brand identity was thought, by some stakeholders, to attract people to work under this banner. Brand profile was thought to give local areas and organisations something to build on with which to “soften people up”. Alongside the brand, organisations could also benefit from support from ‘see me’ staff, including IAS Smarts, to help them develop anti-stigma activities. Evaluation participants particularly valued the PR expertise ‘see me’ were able to provide.

10.108 The ‘see me’ management group, as an alliance of different organisations was perceived to provide opportunities for engagement with the campaign through the members’ networks. As well recognised mental health organisations the involvement of these organisations was also thought to lend some credibility to the campaign. The fact that the campaign was “owned” by this alliance and not by the Scottish Executive was also thought to be a strength by some within and outwith ‘see me’.

10.109 However, participants also identified several limitations of the ‘see me’ structure. ‘see me’ was viewed by some as being too central belt based, and not cognisant of issues of stigma in more remote parts. Their location also made outreach to more distant parts of Scotland more difficult. Some participants also suggested a certain “inflexibility” in their approach from time to time, particularly with regards to who could influence the direction and content of the campaign. It was also suggested that partnership working appeared to lean in favour of ‘see me’’s requirements, as opposed to what organisations and individuals wanted to get out of the relationship. ‘see me’ is able to provide funding only to those initiatives that contribute to meeting its aims and objectives.

Strategic objective 4 - Ensuring the voices and experiences of users and carers are heard

10.110 The fourth ‘see me’ objective is "to ensure that the voices and experiences of people with mental health problems and their carers are heard". There was widespread recognition from ‘see me’, their communications agency, representatives from the media, media volunteers and external agencies that this was an appropriate and important
objective for ‘see me’ to work towards. Processes for involving users and carers relate to all stages of the campaign design, implementation and evaluation process.

**Mechanisms for user and carer involvement**

*User and carer involvement in campaign development*

10.111 ‘see me’ described how a number of focus groups were held with users and carers in the early days of the campaign to understand the nature of the stigma users experienced.

10.112 Through their discussions with users and carers it became clear that one hope expressed for the ‘see me’ campaign was that it would be hard hitting and challenge stigma where users had experienced it directly, particularly within mental health services. This desire diverged from the overarching direction of the ‘see me’ campaign, which was aimed at the general public, rather than specific sectors within society. Consequently a concern was felt by some within ‘see me’ that users and carers would not buy in to ‘see me’’s approach.

10.113 Throughout the development of the campaign there has been an ongoing debate about the extent to which ‘see me’ should take on board the suggestions from users and others in the mental health field about the key messages and direction of the campaign. A number of campaign messages, for example, have been identified by users and carers as priorities for action, particularly stigma within the NHS, and how stigma can affect whole families. However, ‘see me’’s core task is to eliminate stigma and discrimination through a campaign to change public attitudes and behaviours, and therefore ‘see me’ takes as its starting point the existing attitude of the public, whilst also seeking to ensure that its representations of stigma and how it impacts on individuals are true to the lived experience of users and carers. ‘see me’ has taken the view, following an issue-scoping phase, that its campaigns need to be developed around public perceptions and attitudes towards mental health and mental health problems, rather than mental health service users and carers’ perceptions about stigma. This raises the question about the extent to which users and carers are able to get involved in ‘see me’ campaign development. Nevertheless, it was felt by some user and professional participants in this evaluation that there could be more opportunities for users to become involved in campaign development.

10.114 However, it was also argued that if the hard-hitting approach favoured by users at the onset had been adopted, this would have alienated the general public and reduced the likely impact of the campaign as a whole.
User and carer involvement in campaign implementation

10.115 The primary reason given by participants in the evaluation for ensuring the voices of users and carers are heard was to enable the public to learn about the direct experiences of stigma by people with mental health problems and their carers. It was felt that the “authenticity of the first person voice” was considerably more powerful in terms of capturing the media and the public’s attention than any other campaign device. Evidence from elsewhere, for example New Zealand, had also indicated that this was an effective mechanism for challenging stigma.

10.116 The two main ways in which users and carers can become involved in campaign implementation are through campaign development phases, evaluation, the media volunteers programme and through local anti-stigma activities.

User and carer involvement in campaign evaluation

10.117 The final phase of the campaign process through which users and carers can make their voices heard is in the campaign evaluation phase. This is undertaken both formally and informally. Informal evaluation mechanisms include feedback from users and carers, for example media volunteer experiences and recommendations, and feedback from the campaign team’s regular attendance at local service user led groups and mental health projects.

10.118 Formal evaluation methods involving users and carers have included focus groups, and more recently Hear Me, a nationwide survey aimed at people with direct experience of stigma (‘see me’, 2007). The survey, which elicited over 1200 responses, asked a range of questions about personal experiences of stigma, and perceptions of the effectiveness of the ‘see me’ campaign. However, it was recognised by ‘see me’ that, despite considerable efforts to expand the take-up of the questionnaire and ensure it was received by a range of service users and carers, participants in the survey were self-selecting, and therefore could not be said to represent users and carers as a whole.

User and carer involvement in local activities

10.119 Contacts in local areas make their own decisions whether and how to involve users and carers in campaigns. Nevertheless, local activities do provide an important mechanism for ensuring that the voices of users and carers are heard. Users were involved in over half (16) of the 28 local activities described in the survey. However, only just over one third of all activities (11) involved carers, of which eight activities involved both users and carers. Five activities involved neither group. It could be argued that to meet this strategic objective ‘see me’ should encourage local areas to involve users and carers in as large a number of activities as possible.
Three areas which described the steps they had taken to include users and carers in anti-stigma activity were Tayside, Greater Glasgow and Lanarkshire. In Tayside, Plus Perth, a user forum, had taken the lead on local ‘see me’ activities; a unique situation in Scotland. Users and carers had been involved in many different roles in Perth, and members of the local volleyball team sponsored by ‘see me’ all had past experiences of mental health problems. In Glasgow, service users described how they had been involved in providing mental health awareness workshops, using their own experiences of stigma to educate others. In Lanarkshire, users and carers have participated in training future health professionals at Bell College through contributions to lecturers.

Involvement in anti-stigma work was viewed positively by user participants in the workshops, and service users suggested that they felt empowered and more confident due to their involvement. User and carer groups were also thought to be a good mechanism for taking forward anti-stigma work as they did not face some of the constraints around campaigning that other organisations and agencies could face.

Other mechanisms for ensuring users' and carers' voices are heard

In addition to the mechanisms described above, users and carers can take up other opportunities from ‘see me’ to share their experiences and perspectives. These include submitting one’s own testimony through the ‘see me’ website, and getting involved in the Stigma Stop Watch campaign.

Media volunteers

The ‘see me’ media volunteer programme provides the central structure for collating and disseminating first hand experiences of mental health problems, stigma and recovery. Chapters 5 and 8 have illustrated how the media volunteers are recruited and trained, and the process through which they work with the media.

All of the media volunteers interviewed indicated that they had the opportunity to convey the messages they wanted to, including the every day experience of living with a mental health problem, that recovery is possible and how stigma can affect individuals.

There has been an ongoing need by ‘see me’ to recruit volunteers. The media volunteers are not a static group: some who have shown an interest in becoming a volunteer drop out at, or before, the training phase; other individuals volunteer for a while, but then move on for various reasons; some volunteers stay for the long term. IAS Smarts indicated that drop out became a particular issue for them when recruiting media volunteers for the Young Peoples’ campaign. It transpired that young people in general, and young men in particular, were more likely to drop out of the training than older volunteers.
10.126 However, given this on-going recruitment, a number of gaps in media volunteer provision have still been identified. ‘see me’ indicated that it experienced under-representation in terms of BME perspectives, and volunteers have also not been recruited from certain parts of the country, such as the Western Isles, reducing the potential to ensure that voices from these communities are heard. Although not strictly related to the media volunteer programme, it was also suggested that the opportunities to hear the experiences of celebrities with mental health problems had perhaps been under-explored by ‘see me’ over the years.

10.127 The media volunteers themselves, through sharing their own experiences, were thought to be an effective mechanism for encouraging others to speak out about their experiences of mental health issues and stigma. The volunteers indicated that this outcome had been conveyed through feedback they had received in response to particular stories in the media in which a media volunteer had featured.

10.128 To enable the media volunteers to convey their messages, systems developed for recruitment, training, and media liaison appear largely to work well and to provide an effective, safe and supportive means to enable people with mental health problems to speak to the media. Other organisations and elements of the National Programme facilitate the recruitment of media volunteers, through access to their networks. In terms of media liaison it was thought by the media volunteers to be important that ‘see me’ could challenge the media if there was any element of the story that the volunteers were unhappy with, and demand changes if required. It was felt by IAS Smarts that such interventions by ‘see me’ were only possible because a good and mutually beneficial relationship had developed between ‘see me’ and certain media in Scotland.

10.129 Clearly, evidence suggests that ‘see me’ has developed expertise in relation to working with the media volunteers: an expertise that has also benefited other mental health organisations and initiatives (e.g. Depression Alliance Scotland, Choose Life) wishing to encourage people with mental health problems to work with the media. A number of learning points did, however, emerge from the evaluation. First, the difficulty of developing a media volunteer process which appropriately protects people without becoming too rigid or bureaucratic, or coming to be perceived as patronising toward volunteers, especially those who already have more experience of media work.

10.130 Second, the difficulties of matching supply and demand. Media volunteers noted, for example, that not all approaches made by the media were taken up. This may be because ‘see me’ made the decision that it was not an appropriate story for the media volunteers to participate in, or because there were no media volunteers available. However, cases also occurred where media volunteers participated in an interview with a journalist, only for that story not go to press, or be broadcast. While not directly under the control of ‘see me’, this nonetheless does impact on the media volunteers who act on behalf of the campaign, and to whom ‘see me’ has a responsibility. IAS Smarts also indicated that the media could, for whatever reason, be more interested in one person's story than another's. In the case of the young peoples’ campaign strand; there was
particular interest by the media in one young woman’s story, which put some additional pressure on that volunteer.

10.131 Third, in terms of recruitment, stigma itself could still act as a barrier against some people coming forward to speak to the media. As noted above, when trying to recruit volunteers to support the young people's campaign strand the drop out rate for the young people, and particularly young men, was higher than usual. It was felt that stigma was a key factor in this drop out rate. Stigma could also be a factor affecting young carers who might want to speak out as well. One outcome of this stigma was that there was a smaller pool of volunteers for the Young Peoples’ campaign than anticipated.

The extent to which the objective of involving users and carers has been realised

10.132 The evidence presented here illustrates the nature of the activity which has taken place under the ‘see me’ banner to ensure that the voices and experiences of users and carers are heard, both by ‘see me’ themselves, and by the general population through media work and local activities. Nonetheless the data do raise a number of questions:

- Do the media volunteers’ messages broadly represent those expressed by users and carers across Scotland in relation to stigma?
- Does ‘see me’ as a whole reflect the issues that users and carers are expressing with regards to priorities in terms of tackling stigma?
- Are there adequate mechanisms for ensuring user and carer input into ‘see me’?

10.133 In relation to the first question, it is clear that the mechanisms for recruiting volunteers through the management group members' networks, a range of mental health projects, and other local contacts opens opportunities to a wide range of individuals across Scotland. There is also the opportunity to register interest in becoming a media volunteer through the website or through contacting ‘see me’ in person. However, these mechanisms may only reach those who already have some links with ‘see me’, and may not ensure the recruitment of volunteers from the different geographic communities or communities of interest in Scotland. It is not a key aim of the media volunteer pool to be representative, but rather to support the campaign in its work with the media by providing first-person testimony related to the strands that ‘see me’ has adopted. Whilst seeking to make the pool as representative as possible, ‘see me’ avoids recruiting people whose testimonies will not be used, as this potentially creates false expectations and disappointment. Nevertheless, there was a perception that some voices may not be being heard, including, for example, those of carers, people from BME communities and island communities. It may be that these groups, as with young men, are ones where stigma is most keenly felt, and therefore are deterred from getting involved.

10.134 In relation to the second question, a number of external agencies and user participants in the evaluation suggested that there were too few opportunities for users and carers to get involved in decision-making processes with relation to ‘see me’ campaign development. The recent ‘Hear Me’ survey (‘see me’, 2007) has provided a
large scale feedback route, but it was acknowledged that this was a self selecting sample who were likely to be engaged with ‘see me’ already, despite the fact that ‘see me’ had worked hard to extend the reach of those who responded by contacting mental health professionals across the country and seeking to contact those who were not involved in mental health projects or even users of services. There is also a recognisable tension which exists at the heart of ‘see me’ in terms of balancing out the need to ensure the views of users and carers about stigma and the campaign are heard, while at the same time developing a campaign targeted at a different audience.

10.135 In relation to the third question, one clear route through which users and carers can and do get involved with ‘see me’ is through local anti-stigma activity. At present many activities involve users, and some involve carers, but this is not universal across Scotland. There may therefore be scope for users and carers becoming more involved in organising and participating in local anti-stigma action.

Strategic objective 5 - Promoting a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared

10.136 ‘see me’’s fifth objective aimed to promote a culture of learning and evaluation to both demonstrate effectiveness and for lessons to be shared. Perhaps even more than is the case with the other objectives, it is difficult to measure in any hard and fast way the extent to which ‘see me’ has been able to promote a "culture of learning and evaluation". For the purposes of the evaluation it has been taken to comprise three dimensions:

- Learning and evaluation to inform the on-going direction of the campaign
- Sharing learning and evaluation with others
- Learning from others.

Learning and sharing to inform campaign development

10.137 In terms of the first dimension, learning and evaluation to shape the on-going direction of the campaign, the documentary data and interviews with those directly involved managerially and operationally with ‘see me’ indicate the significance attached to: the process of pre-campaign learning and research through focus groups and roundtable discussions, stakeholder interviews, literature reviews creative testing; and post-campaign evaluation.

10.138 As intimated in the previous section, although testing and evaluation has informed the campaign, there does not appear to have been a systematic consideration of the different groups included (or excluded). For example by considering the potential differences in the issues raised by focus groups in relation to gender, sexuality or ethnicity (which might have associations with previous/other experience of stigma and discrimination) and by considering how messages needed to be tailored accordingly. This, however, is not to undermine the strong within-campaign culture of evaluation, but
to suggest a need to perhaps look more critically at how the process is implemented: the inclusions, exclusions, and how the findings are interpreted.

**Sharing and learning with others**

10.139 Sharing and learning with others has three elements. First, a broadly public relations element as part of keeping the campaign profile high. ‘see me’ has been active in publicising its own achievements through, for example: *'see me... so far'* (‘see me’, 2006), its own review of the first four years of the campaign; articles, for example in *Mental Health Today* (March 2005); and activities such as its submission to the Institute of Practitioners in Advertising (IPA) Effectiveness Awards in 2003, for which the campaign won a bronze award.

10.140 Making available research and evaluation evidence is a second element of sharing with others. Several respondents interviewed in the course of phases 1 and 2 of the evaluation, for example, cited the campaign's capacity to generate research as one of the strengths of a national body. One respondent described using statistics made available by ‘see me’ in training and workshops.

10.141 A third dimension of sharing with others is the learning for other campaigns outwith Scotland. The recently funded *Moving People* campaign in England drew on learning from Scotland to make the case for an anti-stigma campaign in England. ‘see me’ respondents also described both formal international recognition, but also uncited 'borrowing' of their ideas.

10.142 One respondent interviewed in phase 2 of the evaluation also referred to the learning for the anti-poverty field for the way the campaign has directed its attentions at whole populations to tackle discriminatory beliefs. This respondent felt this approach to challenging beliefs also needed to be done in anti-poverty work.

10.143 Where there has been less evidence of a 'trickle down' effect of learning and evaluation has been in respect of local or organisation-specific initiatives. The NHS Board survey, undertaken as part of the evaluation, did not ask what evidence base informed the different activities, nor the input ‘see me’ had made into this evidence base. While a number of case studies do exist, the point made in the course of the area workshop in Glasgow was that in fact there was little evidence upon which to draw. To help build up this evidence base Glasgow was building evaluation into its activities from the start. As indicated in Chapter 7, the NHS Board survey revealed that only just over one-third of activities had been evaluated. The comments of several interviewees describing initiatives within their own organisations also suggested that these had not been formally evaluated.

10.144 This suggests the potential for ‘see me’ in helping to inform the evidence base informing the range of activities. It also points to a possible role for the campaign in encouraging local areas to build evaluation into their activities, where practicable, to help develop learning of 'what works'.
Learning from others

10.145 In its developmental stages, ‘see me’ drew on the models of other international anti-stigma campaigns. It is not clear, however, whether models from other equalities or anti-discrimination activities outwith mental health have been drawn upon to inform the campaign's development.

10.146 As the acknowledged experts within Scotland, ‘see me’ can clearly play a lead in developing the evidence base, but there may also be scope for a two-way flow, from the centre out and from the local areas to the centre: both to inform the national campaign's activities, but also to act as a repository for shared learning across Scotland and beyond, to support the development of the research and evidence base, and in that way more proactively promote a wider culture of learning and evaluation.

Key Points

- National and specially commissioned surveys over the period 2002-2006 reveal positive shifts in mental health awareness and in attitudes towards mental health problems. The number of other related initiatives over this period make it difficult to determine ‘see me’'s specific contribution, but the data may suggest the value of a number of different initiatives working in parallel to effect change.
- The surveys also indicate the high levels of campaign awareness, with over one-third of the population surveyed in 2006 aware of the ‘see me’ name. Awareness is particularly high among people with direct experience of mental health problems.
- Qualitative data collected in the course of the evaluation suggest that among those interviewed campaign awareness was high, and the perceived impacts positive.
- The perceptions of those interviewed also raised a number of questions with implications for the future direction of the campaign, in particular the need to consider the perception that some 'equalities' groups have been unwittingly excluded from the campaign development and implementation.
- In terms of affecting media reporting, the Stigma Stop Watch process demonstrated some successful outcomes. Media volunteers felt that they had been able to effect a shift in the way the media presented mental health related stories. Across the range of different stakeholder groups interviewed in the course of the evaluation there was a perception that media reporting in Scotland had improved, compared with that in England.
- The NHS Board area survey revealed the different partnership arrangements put in place to deliver anti-stigma activity. In part these differences reflect local circumstances, but they are also influenced by the different barriers and facilitators each area faces, including funding, policy priorities, management or strategic buy-in, and local capacity.
- Whether as media volunteers and/or as participants in campaign design and implementation, ‘see me’ has sought to develop mechanisms for giving a voice to
users and carers. In addition, in some areas at least, users and, to a lesser extent, carers were involved in local anti-stigma activities. The scope for broadening the pool of media volunteers to include those from different communities of interest and geographical communities was suggested.

- ‘see me’ has a strong within-campaign culture of evaluation. There may, however, be scope for more nuanced analysis of research and evaluations, to ensure that any differences, for example in experiences of stigma in relation to gender, sexuality or ethnicity, that may be important to campaign development or assessing campaign outcomes are identified.

- There is less evidence of this culture extending to local areas. There may be scope for ‘see me’ to advise on research and evaluation as well as act as a resource on the evidence base to inform local actions.
CHAPTER ELEVEN  VIEWS ON THE FUTURE DIRECTION FOR WORK IN SCOTLAND TO ADDRESS THE STIGMA AND DISCRIMINATION EXPERIENCED BY PEOPLE WITH MENTAL HEALTH PROBLEMS

Introduction

11.1 Across the different phases of the evaluation respondents were asked to give their perspectives on the future direction for work in Scotland to address the stigma and discrimination experienced by people with mental health problems. This included views on: the emphasis to be given in future work in relation to stigma, self-stigma and discrimination; target groups and target settings; mechanisms and structures for future action; and sustainability. The themes emerging reflect the perceptions and experiences of the wide range of organisations and agencies included within the evaluation. They may, however, not necessarily mirror what ‘see me’ sees as its role and remit or be a reflection on, or of, what ‘see me’ has undertaken to date. These views have been drawn upon to inform, but do not constitute the draft recommendations, which are set out in Chapter 13.

Future focus: stigma and discrimination

11.2 In phases 1, 2 and 3 people who took part in interviews were asked whether they drew a distinction between stigma and discrimination, and, if so, whether different approaches were required to tackle each. Across the different groups of people interviewed, the common view was that, although different, stigma and discrimination were linked. Stigma was seen as largely about attitudes or beliefs. These attitudes and beliefs were assumed to be based on fear and "worry". This sense of anxiety was felt to result from a lack of, or inaccurate, knowledge, including the misconceptions that people with mental health problems lack competence and/or are "odd". Fear could also derive from a sense of 'threat' based on an assumption of unpredictable or violent behaviour, or from a sense that "it could be me". One interviewee drew the comparison between attitudes to people with physical illnesses and those with mental health problems. In relation to the former the attitude tended to be the more patronising one of "it's a shame". People with mental health problems however, were viewed as bringing "shame" upon themselves.

11.3 For people with experience of mental health problems the internalisation of the negative attitudes of the wider community, coupled with the fear or actual experience of exclusion or rebuff, contributed to self-stigma.

11.4 The point was made that beliefs were not held in isolation, but were shared, particularly with peers. The view was that individuals changed their attitudes (for good or ill) if they found these attitudes were out of kilter with those of their peers. It was
suggested that currently while there remains a sense of community sanction against people who experience mental health problems, there is no equivalent sanction against those who articulate stigmatising views against this group of people.

11.5 This 'community sanction' against people with mental health problems was linked to, or a precursor of, discrimination i.e. behaviours of exclusion. Several of those interviewed suggested that while stigma is pernicious it becomes particularly so if those holding stigmatising attitudes are also in positions of power or authority act on these attitudes.

11.6 While recognising different processes at work in relation to stigma and discrimination, it was not clear from the responses that people had fully worked through the implications of these differences for action. Nonetheless the view was expressed that if the processes underpinning stigma and discrimination were undifferentiated something might get "lost". While it may be possible, for example, to begin to address 'stigma', people with mental health problems could still find that their opportunities are unfairly limited because of the ways organisations operate.

11.7 As will be returned to in Chapter 13 below, what this also begins to suggest is the need for a more sophisticated conceptualisation of the structural processes of discrimination, which may differentially disadvantage people with mental health problems.

**Future target groups and target settings**

*A whole population and/or a targeted approach?*

11.8 Among evaluation respondents there were different views on the relative advantages or disadvantages of taking a population as opposed to a 'targeted' approach. 'Targeting' was used in three different ways: to refer to actions to tackle the stigma and discrimination experienced by those groups of people felt to be particularly exposed to negative attitudes and behaviours, such as those with a particular diagnosis; actions aimed at particular population groups to address potentially stigmatising attitudes and/or improving mental health awareness; actions aimed at settings or contexts where stigmatising attitudes may be "institutionalised" in processes or practices. Clearly there are overlaps between these different dimensions; particular groups, for example, could be both recipients and perpetrators of stigmatising attitudes. Self-stigma, too, cuts across these different dimensions.

11.9 The ‘see me’ campaign has initially employed a population wide approach, designed to raise awareness and to challenge stigmatising attitudes in the public as a whole across Scotland. There was support from outwith ‘see me’ for this approach, particularly as a first phase of a campaign to prime the public in general about this issue. It was also suggested that if what was required was widespread culture change, as
opposed to pockets of individual change, then the whole population approach was appropriate both now and in the future.

11.10 Arguments were, however, also put forward as to why a population wide approach alone would not achieve changes in attitudes and behaviours. First, it was recognised that there is not just one homogeneous culture in Scotland and that different “subcultures” exist within communities, localities and organisations. Consequently, a population wide approach risked being too broad-brush and could overlook these nuances within Scottish society. It was also recognised by evaluation participants that there can be different experiences, views, belief and value systems within communities and settings, for example between older and younger people within particular black and minority ethnic communities. There may, therefore, be a need to develop a range of approaches to reflect within target group differences, to ensure inclusiveness.

11.11 Second, it was felt by participants that stigma was not equally distributed throughout Scotland, and that there were sectors and settings where stigma was more keenly felt, or that were viewed as a higher priority for targeted action to effect change in attitudes and behaviours. A number of these target sectors and groups had been identified by ‘see me’ themselves through their consultation work, such as children and young people and workplaces, and had resulted in specific campaigns using these themes as a focus.

11.12 Insofar as future actions took a 'targeted' approach along any of the three dimensions described above, it was recognised that this needed to be evidence-based. This supports the need for evaluation and research at local and national levels and mechanisms for sharing and learning ‘what works’, as discussed in Chapter 10.

11.13 Overall, what seems to emerge is a perceived continued need for evidence based population-wide and targeted approaches to maximise the impacts of anti-stigma and discrimination activity.

**Future target groups**

11.14 Participants in the evaluation highlighted a number of specific target groups that they felt ‘see me’ could consider prioritising in the future. Some of these were suggestions about how to further the work with existing target groups identified in earlier stages of the campaign, such as children and young people. Others were suggestions for how ‘see me’ could reach out to new target groups that were viewed to be of importance. The main groups identified for continuing or future ‘targeting’ include children and young people, people from black and minority ethnic communities and families. Although respondents referred to ‘see me’’s role in undertaking anti-stigma and discrimination activities in relation to these identified groups, it is recognised that they may not all fall within ‘see me’’s remit. The potential roles and responsibilities for ‘see me’ and for other sectors in the future are mapped out in Chapter 13.
**Children and young people**

11.15 Children and young people have been consistently viewed as a priority target group both by the ‘see me’ campaign and by the National Programme as a whole. On the basis that it takes a generation to change attitudes, interviewees at local and national level argued for the continued need to work with this age group. In this way it was felt that ‘see me’ would be investing in future adult attitudes and behaviours towards mental health and mental health problems.

11.16 More than that however, children and young people were also viewed as populations that were currently susceptible to stigmatising attitudes, both as recipients and perpetrators. It was advocated that anti-stigma work should be based in school settings, and start from an early age.

11.17 In terms of the broad themes to cover with this group, some participants felt that the issues of self harm and eating disorders covered by ‘see me’ to date were appropriate and significant. Others suggested that the focus could be broadened out so that children and young people were aware of the impacts of stigma and discrimination on people who experience other forms of mental health problems.

11.18 It became clear that it was thought important that challenging stigma with young people involved not only campaigning action, but also a move towards direct interventions to raise awareness of mental health, and support the development of emotional resilience. This is beyond ‘see me’’s remit, but reinforces the importance of the work being undertaken by other National Programme delivery vehicles such as Scottish Mental Health First Aid.

**BME communities**

11.19 It was recognised by ‘see me’ and external agencies that making the campaign appropriate for BME communities was an important issue. Again, this ‘targeting’ implied action to address the experience of stigma and discrimination experienced by people from BME communities who have mental health problems, (including the “double whammy” of experiencing both racism and stigma related to mental health problems) and to target potentially stigmatising attitudes towards people with mental health problems within different communities.

11.20 As discussed in Chapter 10, although the campaign had contact with BME communities through a number of initiatives, it was agreed with representatives from BME communities, including the NRCEMH, that ‘see me’ would not run a specific BME anti-stigma campaign, but rather would put resources into finding out more about the specific ways in which mental ill-health and stigma were experienced by different BME communities. Therefore, ‘see me’ contributed funding and resources to Glasgow Anti Stigma Partnership’s ‘Mosaics of Meaning’ research project, which is intended to provide a platform for further activity by ‘see me’ and partners.
Families

11.21 One criticism of the campaign materials issued over the period covered by the evaluation was that, by and large, they were not felt to consider individuals with mental health problems in the context of the wider families in which they lived. Families had the potential to be supportive and open about mental health, or could be dismissive and critical of those near to them with mental health diagnoses. Families, particularly children, could also be recipients of stigmatising attitudes and behaviours, based on their parents’ mental health problems.

11.22 Among those interviewed, part of the solution to this problem was felt to lie in equipping family members with reliable information about mental health problems, which could help them to understand the reasons for certain behaviours, and to challenge some of the negative stereotypes others may hold. This is outwith the current remit of ‘see me’, (although the campaign has prepared factsheets on different mental health problems), but does flag up a role for other agencies in terms of providing information to support family members.

Future target settings

Workplaces

11.23 Workplaces have been highlighted as an important focus for anti-stigma work since the inception of the ‘see me’ campaign. As well as the Employment and Workplace campaign strand, ‘see me’ has worked with individual employers including ASDA, Standard Life, various NHS Boards and local councils amongst others (see Chapter 7).

11.24 Among those interviewed it was suggested that employers and workplaces should continue as priority as it was felt that there was still a long way to go in terms of addressing stigma and discrimination towards people with mental health problems in the workplace.

NHS Services

11.25 The NHS was identified as an early target for an anti-stigma campaign before the launch of ‘see me’. Since then it had been raised as an important target in consultations and focus groups run as part of the campaign development process. It was recognised both through these processes, and through evaluation interviews that the NHS could be experienced as or perceived to be stigmatising both as an employer, and as a provider of support to people with mental health problems. As a provider, there was, it was claimed an “institutional stigma”, built into processes and practices that neither empowered individuals nor supported recovery.

11.26 ‘see me’ had sought to integrate the NHS within the Employment and Workplace campaign strand. Work had also been undertaken with a number of NHS Boards to raise
awareness of stigma and encourage action to challenge stigmatising attitudes and behaviours amongst staff. However, it was widely felt by those interviewed in the course of the evaluation that increased emphasis needed to be placed on challenging stigma within the NHS as a whole, and particularly within NHS settings that people with mental health problems were likely to come into contact with, such as mental health services, A&E and primary care.

11.27 It was recognised that approaches to challenge stigma in the NHS should be broached with some sensitivity, so as not to “slap down” professions that were already experiencing problems with morale. However, it was also argued that to have any impact on the culture of the NHS as a whole, buy-in at a strategic level and purposeful action to address stigma would be important. To begin to effect this change in culture and behaviours within the mental health service system, Delivering for Mental Health (Scottish Executive, 2006b) includes as its first commitment the objective of developing a tool to assess the degree to which organisations and programmes meet expectations in terms of equality, social inclusion, recovery and rights.

11.28 Tayside and Lanarkshire had also included anti-stigma training within the course content of medical and nursing degrees. It was thought that breaking down stigmatising attitudes before individuals enter the medical professions would contribute to changing the culture in the NHS in the future.

**Mechanisms and structures**

11.29 From the interviews the mechanisms and routes for targeting actions to address stigma and discrimination need to be multi-layered and multi-dimensional.

**A multi-dimensional approach**

11.30 Suggestions drawing on legislative frameworks included actions to reinforce the fact that disability discrimination legislation also covers people with mental health problems. It was also argued that consideration needed to be given to making the harassment of people with disabilities not just a 'moral' but also a legal wrong. One participant proposed that tougher action was required to prevent the use of inflammatory language, particularly in the media.

11.31 Although people felt there continued to be a need for the "big stick" of legislation, this should only be "20%" of the solution. A legislative framework provided principles and set out expectations, but too much emphasis on legal measures could be counter-productive. The view was that the emphasis had to be on the "carrot" of positive endorsement and actions.

11.32 In terms of concrete actions, several respondents argued that to get employers to pursue the employability agenda and enable people with mental health problems to return
to work, it was necessary to develop the business case and target the 'bottom line'. Other tools and resources proposed were the development of support packages to enable people to stay in work or to return to work more quickly. A further 'resource' was the development of training and education packages targeted at front line staff to tackle stigma and discrimination.

11.33 The value of positive reinforcement and modelling of appropriate behaviours was suggested by a number of those interviewed. This included the need for demonstrable top-level buy-in within an organisation, not just to champion anti-stigma and discrimination work, but also to give legitimacy and authority to this agenda, and to 'model' appropriate behaviours to support change among those working at the front line.

**Multi-layered approaches**

11.34 At a macro level, participants felt that it was important to keep or place the anti-stigma and discrimination message, as it related to mental health problems, high on the government's policy agenda, and also for this message to be embedded across different policy agenda. One respondent, for example, (speaking before the elections in May 2007) argued that, because of its impact on well-being, it should be top of the First Minister's agenda. Another respondent was looking for a "bold statement" about stigma and mental health from the Scottish Executive.

11.35 It was also felt that action needed to be taken at the meso-level of local areas, agencies, organisations and employers. Local level action included the need for "buy-in" from Community Health Partnerships, Community Planning Partnerships and NHS Boards, but it was suggested that local work needed to be supported by funding. To address the perceived discrimination and stigma embedded within institutional processes and practices, however, it was argued that agencies and organisations needed to take greater responsibility for addressing the stigma and discrimination experienced by people with mental health problems. In relation to public authorities in particular, it was felt that there needed to be greater public accountability in this arena and mechanisms to demonstrate action taken.

11.36 At the micro level, it was felt that training and education was needed for front line staff, employees, and practitioners including GPs, and mental health professionals. Several interviewees suggested that there was a need for training and education that went beyond making people aware of their statutory duties to also consider how their attitudes and behaviours have implications for the services that they provide. It was proposed that the input of people with lived experience of mental health as trainers would be a powerful mechanism in shifting attitudes.
**Vehicles for effecting change**

11.37 As mechanisms for implementing future actions, the view was that there continued to be a need for a central driver, a ‘see me’, to give leadership and a high profile to action to address the stigma and discrimination experienced by people with mental health problems, and to develop the knowledge base and act as a resource. It was suggested that, although having a specific focus on mental health and mental health problems, this central body should work alongside, and in tandem with, other equalities bodies. In addition to this national 'figurehead', there was also reinforcement for a strengthened bottom up "community development approach" to support action at local level.

11.38 Whether at local or national level, the view was that action needed to be integrated with the mental health service and mental health improvement agendas, wider human rights/equalities agendas and integrated across and within sectors. To support employability, for example, it was suggested that there was a need both for mental health professionals to recognise the importance of employment, as well as an understanding among employers of the capacities and abilities of people with mental health problems. For one professional working in the field of employability the message that needed to be put across was "see me….I can get a job". Integration also implies embedding action through existing systems. One respondent described the use of the Condition Management System\(^{10}\) as a way of supporting people and enabling them to return to work quickly, or the inclusion of issues of stigma in a NHS Board's staff governance plan.

11.39 For those interviewed, integration also implied partnership working, including with people with lived experience and with a range of different stakeholders. This includes ensuring different agencies/organisations recognise that they do have a stake in this agenda. One respondent felt that there is scope for cross agency learning through shared diversity training.

*Embedding campaigns and approaches aimed at tackling the stigma and discrimination experienced by people with mental health problems within wider equalities and diversity agenda*

11.40 Consistently the view was expressed that while it was important to embed activities to address the stigma and discrimination experienced by people with mental health problems within broader human rights, equalities and diversity initiatives, there was a continued need for a central body to give leadership, direction and impetus. In other words, there needed to be both more integrated activity, particularly across the

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\(^{10}\) Condition Management Programmes (CMP) have been developed jointly between Jobcentre Plus and local NHS providers as part of the Incapacity Benefits reform Pathways to Work pilots. Using a biopsychosocial model the aim of CMP is to enable people, including those with mental health problems, to manage their health condition, improve their quality of life and their employability (see for example, Barnes and Hudson, 2006).
different 'equalities' strands, but also a continued need for a separate mental health specific 'strand'.

11.41 Greater integration was felt to be important, both as an opportunity for learning from other approaches to addressing stigma and discrimination and as an important route for embedding consideration of mental health related stigma and discrimination as experienced by people with mental health problems across the equalities and diversity and social inclusion agendas.

11.42 On the other hand, the need to maintain a separate mental health profile was based on a concern that although much had been achieved (See Chapter 10 above), the dynamics of stigma and discrimination as they related to mental health problems were still, comparatively, less well understood. There was a risk that, by putting stigma and discrimination activity into one larger ‘pot’, it would get 'lost' and the 'messages' diluted, at a time when, it was felt, there was still "a long way to go".

11.43 Several respondents suggested that what was required was a “mainstreaming phase” before stigma and discrimination activity in relation to mental health problems could be integrated without a diminution of momentum.

11.44 The evaluation interviews took place before the Equalities and Human Rights Commission became operational in October 2007, replacing the Disability Rights Commission, Commission for Racial Equality and Equal Opportunities Commission. Insofar as reference was made to the potential impact of the new Commission it tended to reflect this tension between the value of integration versus loss of focus.

11.45 Although it is outwith the scope of the evaluation to consider different models in practice, it is interesting to note that different agencies were themselves taking different approaches. In two public sector organisations and one voluntary sector organisation, for example, consideration of stigma and discrimination as experienced by people with mental health problems was embedded within 'generic' equalities and diversity strategies. The respondent in one organisation felt this approach more closely reflected individual experience: people did not fit easily into one 'strand' but could have a range of different needs to which the service had to be responsive. A further public sector organisation specifically chose not to 'add' mental health on to an existing equalities strategy, but instead developed a separate Mental Health and Well-being strategy, to give a specific profile and focus to mental health, including challenging discrimination within the organisation and with those with whom it interacted. As the respondent commented "I want to see [organisation] as being hot on mental health and well-being issues".

**Sustainability**

11.46 Across the interviews a key theme was the importance of continuing the work that ‘see me’ had started. Although much had already been achieved it was felt that this was just the start and not the end of a process. Discussions of sustainability therefore had two
dimensions: sustaining and building on gains made to date; and ‘see me”s role into the future.

Sustaining and building on gains made

11.47 It was suggested by participants that evidence from other campaigns indicated that stopping a campaign too soon would put achievements to date in jeopardy. The ‘see me’ management group, for example argued that although they felt much progress had been made, the impact of ‘see me’ would be under threat if the campaign was to cease at this point. It was felt by the then Campaign Director that although the aim of getting the issue of stigma on to the public "radar" had been achieved it would require further action to maintain this public recognition through ongoing media work and general public campaigns.

11.48 In order to build on impacts achieved to date, the ‘see me’ management group felt that a degree of consistency was required. Bringing in alternative messages or an alternative brand at this stage of development may be counterproductive.

11.49 One question, however, to arise in analysing the legacy of a social marketing campaign such as ‘see me’, is how long a campaign should run for to achieve the outcomes it desires. It was consistently suggested by those interviewed in the course of the evaluation that “it takes a generation to change”. It was the subject of discussion within the ‘see me’ management group as to whether this change would be the result of a slow constant chipping away of attitudes, or a build up to a tipping point after which rapid change would be achieved.

11.50 It was also acknowledged that ‘see me’ was not acting alone in changing attitudes towards people with mental health problems and mental health awareness. Other actions to improve knowledge and understanding of mental health issues in Scotland would contribute to the ongoing anti-stigma message. Examples of other activities with the potential to promote anti-stigma messages included the Scottish Centre for Healthy Working Lives’ Commendation Award schemes, and the Scottish Health Promoting Schools Unit’s emotional literacy work.

11.51 The work on recovery by the Scottish Recovery Network, and reflected also in the rights and recovery approach proposed in the national review of mental health nursing (Scottish Executive, 2006a), may also work to give a different and more positive understanding of the lived experience of mental health problems. In addition, as noted above, Commitment 1 of Delivering for Mental Health (Scottish Executive, 2006b) seeks to effect changes in the culture and behaviours within the mental health system.

11.52 The development of local level activity to address stigma and discrimination was also felt to be important to ensure the sustainability of gains to date. However, as indicated in Chapters 7 and 10, lack of local capacity whether in terms of staff and/or funding could undermine or stall any gains made or future progress. In this context,
continued funding for a national level campaign and resources to support local activity was viewed as an important component of achieving the goal of addressing the stigma and discrimination experienced by people with mental health problems. The Scottish Government was therefore seen as continuing to be an important force for ensuring the anti-stigma message was taken up by the general public.

‘see me’

11.53 ‘see me’

‘see me’

11.54 As noted above, participants saw a clear need for a central driver, to give leadership to actions to address the stigma and discrimination experienced by people with mental health problems. In terms of activities, several individuals from within and outwith ‘see me’ suggested that the campaign had a national level role in helping to embed anti-stigma messages within other policy agendas. Action was also thought to be needed within large-scale organisations, such as the Royal Colleges, not just to raise but also to keep anti-stigma work and discrimination on their agendas. At a local level, further support from ‘see me’ was deemed necessary, to enable local areas to build on and bolster existing developments, and encourage new activity in areas where anti-stigma action has been slow to get off the ground thus far.

11.55 While across the different groups of participants it was felt important for ‘see me’ to achieve a balance between local and national action, the views of those interviewed, within and outwith ‘see me’ placed more emphasis on local activity, as an avenue where greater sustainability could be achieved. One representative from a National Programme delivery agency suggested that ‘see me’

11.56 From the point of view of several national level respondents, the campaign's internal structure: specifically the management group and the clear decision making process which had been developed would help to support the sustainability of the campaign.

11.57 Conversely, for other interviewees the fact that the campaign management group had stayed limited to five mental health specific organisations was perceived as limiting the potential scope for integrating activities relating to the stigma and discrimination associated with mental health problems with other equalities and social justice agenda. Further, it was considered important that perpetuating the ‘see me’ 'brand' did not come to act as an unintentional barrier to other agencies and initiatives taking responsibility for tackling stigma and discrimination.
Key Points

- In terms of the focus for future action, across those interviewed there was a recognition of the different social processes underlying stigma and discrimination, but less clarity around the implications of these different processes for future action.
- In developing its population wide approach, ‘see me’ had sought to be as inclusive as possible. Comments from the field, however, suggest that the heterogeneity within and across different geographical communities and communities of interest may require a combination of both population and targeted approaches.
- A number of target groups were identified as potential future targets, both in terms of awareness raising, but also as comprising people at risk of experiencing stigma and discrimination because of a mental health problem. These groups included children and young people, people from black and minority ethnic communities and families.
- Potential future target settings included workplaces and NHS services.
- In terms of the types of actions required, respondents described the need for multi-dimensional approaches including legislation, tools and resources and positive reinforcement. Future approaches also needed to be multi-layered: at the macro level of government and government policy, at the middle-range level of local areas/organisations and at the level of individual practice.
- To sustain and also to mainstream activities to address the stigma and discrimination experienced by people with mental health problems was suggested that there was a continued need for a mental health specific champion or figurehead.
CHAPTER TWELVE  CONCLUSIONS

Introduction

12.1 The three aims of the evaluation were to:

- Co-ordinate a detailed account of the development and activities of the ‘see me’ campaign
- Determine the extent to which the campaign has met its own strategic objectives, including identifying factors that have acted as facilitators or barriers
- On the basis of the findings to make recommendations for the future development of anti-stigma work in Scotland.

12.2 Drawing together the themes emerging from the evaluation this chapter assesses what the campaign has achieved in terms of its own strategic objectives and the factors, including those relating to its strategic and operational development that have supported the realisation of these objectives or acted as barriers.

What has been achieved?

12.3 ‘see me’ has been a groundbreaking campaign, responding to long standing concerns within the mental health community in Scotland that action needed to be taken to address stigma. It has acted as a galvanizing force for this community giving it a strong identity, voice and sense of value. ‘see me’ has been a high-energy campaign, generating a breadth of different activities that have drawn attention to the impact of stigma on the lives of people who experience mental health problems. It has also made a significant contribution to an understanding of the processes for combating stigma in a public mental health context.

12.4 A number of factors have, however, made it difficult to assess the specific extent to which ‘see me’ has met its own aspirations. The first factor impeding firm conclusions is the comparatively 'soft edged' and qualitative nature of the campaign's objectives and the absence of measurable outcomes against which to gauge impact. Second, in relation to the campaign's main objective of tackling stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health', there is the difficulty of attributing change - positive, negative or absent - specifically or primarily to the campaign. The broad-based nature of this objective does not elucidate what lies within and outwith the remit of the campaign. This makes it difficult to differentiate and distinguish the role of the campaign from the role of other agencies and organisations and consequently to attribute responsibility both for achievements and for areas where there has been no change (or indeed where change may be in a negative direction). As discussed in Chapter 13, this would suggest that, in future work on stigma and discrimination, there needs to be greater clarity about what the campaign itself can and cannot do, about the roles of other agencies and organisations, and the relationships between the campaign and these other stakeholders.
12.5 Third, and related to this question of attribution is the impact of legislative and policy initiatives relating to mental health problems and mental health awareness that have been developing in parallel with the evolution of ‘see me’ (see Chapters 1 and 13), and which may collectively contribute to effecting change in attitudes and behaviours.

12.6 Notwithstanding these difficulties of precise measurement and attribution it is possible to draw out the following themes suggestive of the effectiveness of the campaign in its own terms over the period 2002-2006.

**Tackling stigma and discrimination by raising public awareness of how both affect individuals with mental health problems, and by improving public understanding of mental health**

12.7 The qualitative and quantitative data collected from other sources and in the course of the evaluation suggest that there have been changes in expressed attitudes in Scotland towards people with mental health problems over the period 2002-2006. Although, as noted above, this could be the combined effect of a number of influences, there is no doubt that ‘see me’ has been able to generate 'noise' (in a positive sense) at the general population level, to which the different initiatives can add within their own specific contexts. This is corroborated by the perceived greater openness or willingness to talk about mental health problems (stress or depression in particular), referred to by a number of participants interviewed in the course of the evaluation.

12.8 The campaign is therefore critical to creating a high-level profile and identity to activities aimed at increasing awareness and drawing attention to the stigma and discrimination experienced by people with mental health problems.

12.9 However, for those interviewed in the course of the evaluation, the model adopted by ‘see me’ raised several significant issues which pose challenges for future work to address stigma and discrimination. First, while the campaign saw itself as seeking to include people from diverse communities in its development work and campaign activity, those viewing the campaign from outwith, including those working with different equalities groups, perceived that the approaches adopted did not fully reflect the heterogeneity of Scotland's population or the multiple sources of discrimination and stigma to which some groups of people are exposed, nor was it perceived to have been 'equality proofed'. A key question for consideration, therefore, is whether a 'general population' campaign approach risks systematically excluding people already exposed to double or triple jeopardy: at risk of experiencing stigma and discrimination both on the grounds of a mental health problem and some other aspect of their social identity.

12.10 Second, the perceived focus of the campaign on individual action and attitudes was seen as potentially letting institutions "off the hook" in terms of recognising their own responsibilities. This has particular implications if the emphasis is on discrimination (i.e. active unequal treatment in terms of access to employment, goods and services,
including health and social care) and the ways in which organisational practices and processes may systematically exclude people with mental health problems.

12.11 A further, fundamental question which arose from the evaluation was whether increased awareness and changes in expressed attitudes towards people with mental health problems can be automatically assumed to be a precursor to changes in behaviours. As noted at a number of points in the course of the evaluation ‘see me’’s change model is predicated on the assumption that awareness informs attitudes which then inform behaviours: a shift anticipated to take a generation. As discussed in Chapter 6, the social marketing model adopted and adapted by ‘see me’ has provided a strong structure and process for the development and implementation of the campaign, and one which has enabled the campaign to hold the line in terms of direction of travel, in the face of others' expectations or demands. In terms of outcomes, however, as Stead et al (2007) note in their assessment of ‘see me’ as a social marketing campaign, "there is no real demonstration of behavioural change". Further the report of the most recent "Well? What do you think?" survey notes "…stigma is fairly complex in nature, and that while campaigns and initiatives may be helping to change attitudes, there may still be some way to go before this is reflected in changing behaviour" (Braunholtz et al, 2007, p.102, emphasis in original).

12.12 Clearly, as noted above, achieving change at the level of behaviours is a long-term and complex process, requiring actions at different levels, and drawing on different approaches. Reflecting this complexity, Chapter 13 below proposes a multi-dimensional model that incorporates a social marketing element as one important component of a strategic, whole systems approach to tackling both stigma and discrimination.

**Challenging individual incidents of stigma and discrimination**

12.13 For ‘see me’ the objective of challenging individual instances of stigma and discrimination relates to preventing or reacting to negative media representations of mental health. The media volunteers programme, Stigma Stop Watch, media guidelines and liaison with individual media professionals aim to address this objective.

12.14 Stigma Stop Watch has provided a very visible vehicle for co-ordinated action that would not otherwise be available. Media volunteers also felt that they had been a force for good. Across the different phases of the evaluation the perception of those interviewed was that media reporting in Scotland had improved, particularly compared with England. What this may suggest is that, while not necessarily yet quantifiable, ‘see me’ has had an important role in creating an environment in which it becomes increasingly socially unacceptable to use derogatory terms or negative storylines (fictional or factual) through its pincer movement of positive endorsement and the 'stick' of public challenge.
Involving people in anti-stigma activities across Scotland at national and local levels and across sectors and communities of interest

12.15 ‘see me’ has undoubtedly sought to engage with different agencies and sectors across Scotland. As the NHS Board survey, for example, suggests, most areas in Scotland have undertaken at least one anti-stigma activity. The responses also suggest that ‘see me’’s involvement was valued for its expertise and support as well as for the materials and resources it was able to provide. The survey also revealed that a significant proportion of these activities would not have happened, or would not have been so successful without the campaign. It is, though, not just the practical aspects of ‘see me’ that are important, but the validity and reinforcement it provides for local areas seeking to effect change within their own communities.

12.16 To encourage this level of local buy-in, the campaign has adopted a strategy of 'knocking on open doors'. This has clearly been a productive mechanism in the early stages of the campaign and an efficient way of using staff, particularly given the contained size of the operational arm of the campaign (see Chapter 5). For the future, however, consideration may need to be given to methods of engagement with those behind 'closed doors' or environments where there is no product champion or local buy-in.

12.17 As noted in Chapter 4, funding was not made available to the campaign to support a network of local co-ordinators. Further, the data suggest that there may have been a degree of trade-off between national campaigning and local community development work. This may be compounded at local level by limited funding to support this activity, particularly in the context of a lack of strategic buy-in or competing priorities.

12.18 What also emerged from the evaluation is that 'involving' has tended to be about getting buy-in to a branded social marketing campaign. While this branded approach is important in the first stages of a campaign to get a strong coherent message across, it does perhaps raise questions about the long-term sustainability and mainstreaming of actions to address the stigma and discrimination experienced by people with mental health problems. If the focus shifts to the harder-to-reach environments, a less strongly branded approach and one able to be flexible to others' agendas may be required.

Ensuring that the voices and experiences of people with mental health problems and their carers are heard

12.19 In the context of ‘see me’, ensuring the voices of users and carers are heard has two dimensions: being 'heard' within the campaign through focus groups and surveys; and being heard by others through media volunteers, Stigma Stop Watch and local anti-stigma work. The campaign has been proactive along both dimensions. Focus groups have been held with users and carers as part of the campaign development process, surveys to support the workplace campaign, and the large self-report survey 'Hear Me' (‘see me’, 2007). In addition, the media volunteer programme provides a vehicle for
people to talk about their experiences. Funding limitations were felt by those running the campaign to have precluded setting up a 'speakers’ bureau' of volunteers able to contribute to training or to talk to sectors in addition to the media, such as employers.

12.20 At local level, the NHS Board survey suggests that the patterns of service user and carer involvement are variable. In Tayside, for example, anti-stigma work is led by a user forum, in other places users and carers have been directly involved in delivering different initiatives, elsewhere users and particularly carers may have had no involvement. This may suggest scope for ‘see me’ to support and encourage greater user and carer involvement at local area level.

12.21 What also became evident in the context of the campaign development is a tension between seeking the views of users and carers and developing a campaign targeted at a different audience. In the early stages of the campaign, for example, users suggested that they wanted a hard hitting campaign, whilst those involved in developing the campaign felt this would alienate the general population. Notwithstanding the voluntary organisations represented on the ‘see me’ management group this tension may indirectly highlight a difference between a consumer-led campaign 'owned by' and directly representing or articulating the voices of experience of users and carers, and one which, despite the involvement of service users and carers in different capacities, has a more mediatory role, seeking to inform people about the experiences of users and carers or speak on their behalf.

Promoting a culture of learning and evaluation through all its work, so that effectiveness can be demonstrated and lessons shared

12.22 The fifth strategic objective aims to promote a culture of learning and evaluation. As described in Chapter 6, campaign strands go through an extensive development process. In addition research is commissioned to support campaign arguments. Evaluations of the reach and recall of two of the campaign strands were also commissioned by ‘see me’. This commitment to research and evaluation is an important model for other anti-stigma and discrimination campaigns. The need to embed evaluation has not however trickled down to the local areas. This may be a function of the availability of resources at local level, but in terms of creating a 'culture' of learning and evaluation, it may suggest a role for ‘see me’, in conjunction with NHS Health Scotland, to support local areas to undertake evaluations as well as providing an evidence base for different types of activity.

12.23 What could also be further developed is a two-way flow, not just from ‘see me’ but from local areas to ‘see me’. There may also be opportunities for shared learning with other anti-stigma and discrimination initiatives outwith mental health.
Factors that have supported or acted as barriers to the realisation of ‘see me’\textquoteright s objectives

12.24 As noted above, not all the factors that have supported the realisation of ‘see me’\textquoteright s objectives or which have acted as barriers, lie within ‘see me’\textquoteright s control. The wider policy environment of which the campaign is a key part will also contribute to effecting changes in attitudes towards mental health and people with mental health problems. Similarly, factors that have acted as potential obstacles, such as lack of capacity at local area level to take forward anti-stigma activities are outwith the campaign\textquoteright s control. These external factors reinforce the need for a strategic approach to addressing stigma and discrimination that encompasses, but extends beyond ‘see me’. This is explored further in Chapter 13.

Factors that have acted as barriers to achieving the campaign\textquoteright s objectives

12.25 Although the evaluation was not asked to address the cost effectiveness of the campaign the question of resources did inevitably arise in the course of the research. At an operational level, it was suggested by ‘see me’ that certain initiatives, such as the 'speakers’ bureau', could not be pursued. More strategically, the perception held by respondents from outwith ‘see me’, that there had been some loss of momentum in the campaign over time, may suggest that there has had to be a trade-off between a high profile, national level campaign, and local level community development. Both, however, are needed to sustain and embed activities to address the stigma and discrimination experienced by people with mental health problems.

12.26 While not a 'barrier' as such, the evaluation suggests that the nature and quality of the campaign\textquoteright s external relationships have had an influence on its ability to achieve its objectives. The relative autonomy of the campaign from the Scottish Executive has both advantages and drawbacks. In addition, its relative separateness or ‘stand-aloneness’ both from other elements of mental health improvement activity and from the wider social justice agenda, are features which may warrant further consideration. Further, at the local level the sense is that the campaign may be 'bolted' on to local activities as a 'product'. The challenge for the future will be to ensure that the campaign can act as a catalyst for broad-based actions that extend and deepen the work of tackling discrimination and stigma and avoid the risk of seeing the marketing of the ‘see me’ brand or product as an end itself.

Factors that have facilitated the achievement of the campaign\textquoteright s objectives

12.27 The campaign has made an important contribution to creating and supporting a cultural shift. It has provided an identity and validity for work in Scotland to address the stigma and discrimination experienced by people with mental health problems. It has also given impetus to local activities where there is capacity to take this forward.
12.28 The evaluation suggests that it has achieved this through a clear sense of its own purpose and direction, both strategically and operationally. The tight relationships that have evolved within the management group, the commitment to a coherent process, strong internal integration and a shared belief at strategic and management levels in the importance and value of what they are seeking to achieve, together with high energy levels have undoubtedly enabled the campaign to undertake a considerable breadth and depth of work. Operationally, the creative design work, both in product development and implementation, has provided a strong visual identity. For those outwith the campaign the hallmarks of ‘see me’ were its professionalism, skill and expertise.

12.29 In terms of its 'location', the independence of the campaign from the Government was felt to have given greater credibility, and also more freedom of action than a more centrally controlled campaign. Strategically, as the discussion in Chapter 4 suggests, the campaign has been able to evolve, drawing on the expertise of the management group and feedback from the field. This independence is, however, relative; as funder, the Scottish Executive has also fed into the strategic decision-making processes. Further, the shift in the Scottish Executive representative's role in the management of the campaign from that of 'observer' status to that of 'performance management', indicates the inherent tensions faced by an independent, 'arms length' delivery vehicle with a strong sense of its own autonomy and purpose, but wholly reliant on public funds.

Looking ahead

12.30 ‘see me’ has been a significant force for change in Scotland, acting as both a powerful focal point and a resource for beginning to tackle the stigma and discrimination which excludes people with mental health problems from participating as equal citizens. It has also drawn attention to the complexities of seeking to change the attitudes and behaviours that result in this exclusion. As one evaluation respondent commented, while it has been a "job well done" it was also not yet a case of "job done".

Key points

- The campaign has been critical to giving a high-level profile and identity to activities aimed at increasing mental health awareness and drawing attention to the stigma and discrimination experienced by people with mental health problems. It has been important in creating a background 'noise' around these issues, to which other initiatives can add within their own contexts. Issues for the future include further consideration of issues of equality and diversity in campaign design and delivery; and the need to consider ways for addressing discrimination, not just at an individual level, but also as it is embedded in the processes and practices of organisations and agencies.
- In terms of media reporting, the campaign has had an important role in creating an environment in which it becomes increasingly unacceptable to use derogatory terms or negative story lines in relation to mental health or people with mental health problems.
• The campaign has encouraged a breadth of local activity. Developing an approach of ‘knocking on open doors’ has been productive in the early stage, but different processes of engagement may need to be considered in those areas still behind ‘closed doors’.
• ‘see me’ has sought to give a voice to users and carers. There may be scope for local areas to involve users and carers to a greater extent in activities aimed at addressing stigma and discrimination.
• The campaign has developed its own culture of learning and evaluation. This has not yet trickled down to local areas. There may be potential for ‘see me’, together with NHS Health Scotland, to foster a similar culture at local levels.
• Factors within the campaign that have supported the realisation of the campaign's objectives include: a clear sense of purpose and direction, strategically and operationally; its professionalism, skills, expertise; and its relative independence from the Scottish Executive.
• Factors, within ‘see me’’s environment that may have limited realisation of its objectives include the level of campaign funding, which may have meant some activities have not been developed. The funding levels may also have created a tension between providing a national campaign and embedding action at local level.
• To sustain the gains that ‘see me’ has achieved, together with its partners at local and national level, requires a strategic approach which places ‘see me’ at its heart to provide leadership while also encouraging others to take responsibility for overcoming the inequalities and systematic exclusions people with mental health problems continue to experience.
CHAPTER THIRTEEN  RECOMMENDATIONS FOR THE FUTURE DEVELOPMENT OF ACTIONS TO ADDRESS THE STIGMA AND DISCRIMINATION EXPERIENCED BY PEOPLE WITH MENTAL HEALTH PROBLEMS

Introduction

13.1 The third aim of the evaluation was to make recommendations for the future direction of work in Scotland to address the stigma and discrimination experienced by people with mental health problems. To inform the development of these recommendations participants in phases 1 and 2 of the evaluation were asked to provide their perspectives on the future direction for anti-stigma and discrimination work. In addition in the final phase of the evaluation, interviews were held with representatives from a range of sectors and spheres where future anti-stigma and discrimination activity may have substantial impact (see Annex 3). These sectors were selected because of their role as employers of people who may have experienced or experience mental health problems, and also as providers of 'goods and services' (in the broadest sense) with a responsibility to ensure that these services are provided in ways that are not discriminatory. The range of perspectives both from phase 3 and the earlier phases are discussed in Chapter 11. This final section of the report takes the analysis a stage further to draw out implications for the future.

The future context

13.2 Consideration of the future direction of work to address the stigma and discrimination experienced by people with mental health problems is particularly timely given the dynamic policy context in Scotland. In 2006 and 2007, a number of initiatives have emerged which both set the policy context for change and also support the continuing cultural shift that challenging stigma and discrimination needs. The Scottish Parliament's Equal Opportunities Committee report published at the end of 2006, for example, placed an emphasis on the social model of disability (Scottish Parliament, 2006). The report recommends that disability equality issues are mainstreamed to address discrimination. It also proposes a co-ordinated and long term strategic campaign, modelled on 'see me', to tackle negative attitudes towards disabled people. Specifically in relation to mental health, Delivering for Mental Health makes a commitment to addressing the inequality and social exclusion of people with mental health problems (Scottish Executive, 2006b). Following the May 2007 election, the Scottish Government published Better Health Better Care (Scottish Government 2007a) which included the commitment to set up a Ministerial Task Force on Heath Inequalities to look at health and inequality. The Task Force reported in June 2008. The National Programme’s discussion paper on the future direction for the mental health improvement in Scotland, Towards a Mentally Flourishing Scotland, reflects the concerns underpinning the work of the Task Force to address inequalities (Scottish Government, 2007b). The discussion paper includes among its target groups those exposed to multiple sources of discrimination. At a UK level, the Equalities and Human Rights Commission creates a new legislative framework for addressing discrimination across the equalities 'strands'.
13.3 This refocusing on inequality and discrimination suggests that now is an opportune moment not only to reflect on the future strategic direction for ‘see me’, but also to locate action to tackle the stigma and discrimination experienced by people with mental health problems within a broader based framework.

13.4 Whilst recognising the valuable and significant contribution made by ‘see me’ in establishing a foundation for anti-stigma work, the findings from the evaluation indicate that in order to make further progress in challenging and addressing the stigma and discrimination people with mental health problems experience, the next phase of such work requires a new model with much stronger connections to the wider agenda of inequalities and discrimination and that makes explicit the roles and contributions of other players at policy and service level.

13.5 The new model proposed is elaborated below in more detail to consider:

- Broadening the understanding of the processes that underpin the stigma and discrimination experienced by people with mental health problems and ways for addressing these processes
- Implications for roles and responsibilities across sectors and across levels
- The focus for action.

Broadening the understanding of stigma and discrimination

13.6 The work of ‘see me’ has revealed the complex dynamics that underpin stigmatising attitudes and discriminatory processes as well as the outcomes of these processes as they affect people with mental health problems. Research by ‘see me’ and by other agencies such as the Scottish Recovery Network help to illustrate how these attitudes and behaviours expose people with mental health problems to social and economic exclusion, and how, in turn, exclusion and disadvantage are detrimental to mental health and well-being, creating negative cycles that are self-reinforcing.

13.7 The conclusions drawn from the evaluation, set out in Chapter 12, suggest the need for approaches that differentiate more sharply between the processes resulting in stigmatising attitudes and those processes resulting in discriminatory behaviour and that can discern how these play out at the level of individual attitudes and behaviours and at the level of institutional cultures and practices. This indicates the need for a ‘bundle’ of approaches to address both stigma and discrimination at different levels simultaneously, rather than sequentially or separately.

13.8 This work can be pursued within a broader inequalities and human rights framework. Promoting fairness and equality for people who experience mental health problems means seeking to address the stigma and discrimination experienced by individuals and by groups of individuals, and also tackling the wider structural mechanisms of stigma and discrimination that may unequally impact on people with
mental health problems, for example discrimination that operates through poverty or worklessness.

13.9 There is a need for:

- Continued awareness raising of the specific processes and unacceptable personal and social consequences of stigma and discrimination experienced by people with mental health problems
- Efforts to extend the reach of such awareness raising beyond those sectors which are already sensitised, recognising that this is likely to require different tactics
- Targeting action to benefit those groups who are most likely to be exposed to the deleterious effects of stigma and discrimination
- Greater understanding of the structural processes of discrimination that disadvantage people with mental health problems and a clear identification of the remedial actions required
- A process of embedding such action within 'generic' mechanisms that directly or indirectly address inequality and discrimination. These might include, for example, area-based and organisational equalities and diversity strategies, anti-discrimination training, mental health and well-being strategies and initiatives
- Co-ordination of effort to clarify roles and responsibilities and maximise chances of having a lasting impact
- Commitment to develop the evidence base through research and evaluation.

13.10 The challenge will be to ensure that appropriate consideration of the stigma and discrimination associated with the experience of mental health problems does not get ‘lost’ by being absorbed into mainstream responsibilities and activities on inequalities and discrimination. A twin track process is therefore proposed to encourage integration into generic structures and processes whilst also ensuring a spotlight continues to be directed onto the stigma and discrimination experienced by people with mental health problems.

Implications for roles and responsibilities

13.11 The complexity of the causes and consequences of stigma and discrimination requires that actions taken need to be collaborative, integrated and co-ordinated. ‘see me’ has played a key role in kick-starting the process, acting as a flagship to draw attention to the unacceptability of stigma and discrimination and preparing the ground for wider action. In the light of the experience accumulated over the life span of the campaign and in view of other policy developments and service initiatives that have emerged in recent years, there is opportunity to harness these efforts and take concerted action to address stigma and discrimination, with ‘see me’ playing a clearly defined role, working alongside and in support of other agencies and sectors.

13.12 Moving forward from here will therefore require the active engagement of other agencies, organisations and policy areas to integrate an understanding of the
stigma and discrimination experienced by people with mental health problems within their own 'domains' and take responsibility for appropriate remedial action. In the next phase, this is not work that can be undertaken solely by a single body running a campaign for others to ‘lift off the shelf’. The campaign would remain one valued part of a wider programme of work, in which ‘see me’ would play a key role in, supporting others in striving towards common objectives.

13.13 The model of change proposed would utilise various mechanisms working on multiple dimensions:

- Legislation to enforce anti-discrimination practices and to protect rights, including highlighting the role of existing legislation in tackling discrimination as experienced by people with mental health problems
- Supportive policies that translate the principles of legislation into objectives
- Interventions and approaches that remove the barriers faced by people with mental health problems, for example, actions to support access to and retention of employment
- Tools and resources that build capacity and reinforce good practice.

13.14 In addition, future action needs to be multi-layered to comprise developments within and across policies at national level; developments at local level and within organisations and institutions; and developments at the level of individual awareness raising or training.

13.15 As noted in Chapter 12, ‘see me’’s current aims and objectives are very broad and difficult to translate into measurable terms. To support ‘see me’’s facilitative role within this model would require greater, shared clarity about the respective roles of ‘see me’ and other agencies and organisations and how these inter-relate.

Focus for action

13.16 The evaluation findings suggests a need to supplement the valuable 'general population' level work, which would continue to highlight that stigma and discrimination are unacceptable, with a more differentiated, targeted focus. This is likely to require different types of actions, working through and with different stakeholders at a range of levels. It would be important that such work should be informed by the evidence base, to include three main dimensions:

- First, targeting those environments where the greatest 'injury' may be sustained. Key areas identified in the course of the evaluation were employment and employability and the NHS, including mental health services
- Second, targeting action on those groups whose exposure to stigma and discrimination may have an impact on their mental health and well-being. This would include people with mental health problems who may also experience a
community sanction because of some aspect of their social identity; people from black and minority ethnic communities, but also, for example, people in poverty.

- Third, targeting those groups where the evidence base suggests opportunity for positive change e.g. children and young people; groups such as health professionals, frontline staff in the public and private sectors or the police. A further emerging area is that of self-stigma and discrimination and also 'intimates stigma' - the stigma and discrimination an individual may experience from those closest to them.

Re-thinking the model

13.17 A complex picture has emerged from the analysis of the development and achievements of ‘see me’ which suggests the value of a tiered model as a way of thinking about the future direction for further action in Scotland to address the stigma and discrimination experienced by people with mental health problems. Drawing on a health improvement model, this approach conceptualises action at three levels: primary level promotion; secondary level prevention; and a tertiary level of more direct action such as recourse to legislation. This model is summarised in Table 13.1 below, which includes implications for roles and responsibilities of different agencies.

13.18 Within this model, there is clearly a continued need to maintain a high level national campaign able to provide a focal point, keep the issue high on the "radar", and act as a resource for people to learn from and draw upon. However, the complexity of the issue suggests that the next stage requires broadening out responsibility, so that the stigma and discrimination experienced by people with mental health problems is more sharply integrated into actions to tackle fundamental sources of inequality.

13.19 As a first step, it is suggested that opportunities are made available to establish a forum for dialogue between different agencies and organisations to further progress this agenda for change. ‘see me’ has, through its energy and enthusiasm, made visible the experience and impact of the stigma and discrimination experienced by people with mental health problems. To maintain and extend this visibility, the next stage must be to engender this energy throughout the system.
<table>
<thead>
<tr>
<th>Level and aim</th>
<th>Focus</th>
<th>Examples of actions</th>
<th>Examples of responsibilities</th>
</tr>
</thead>
</table>
| Primary level: Raising awareness of stigma and discrimination | Awareness raising of mental health and of the processes and impacts of stigma and discrimination as they impact on:  
- mental health and well-being  
- the rights of people with mental health problems  
- groups who may face particular disadvantage e.g. those from BME communities | High level policy commitment to use legislative and policy instruments to address mental health related stigma and discrimination  
Co-ordination and integration of initiatives  
Integration across policy domains within Scottish Government  
National campaign integrated with other mental health and well-being initiatives and actions nationally and locally  
Integration into equalities and diversity strategies  
Partnerships with anti-poverty, anti-racism etc. groups and initiatives | Scottish Government  
National campaign to act as a champion and a resource  
Public sector bodies and organisations  
Other organisations and networks |
| Secondary level: preventing stigma and discrimination | Evidence based targeted action addressed to ‘at risk’ environments that expose people to stigma and discrimination because of a mental | Ensuring services are culturally sensitive, age and gender appropriate  
Audit of access and use of services and opportunities | Employers  
Statutory authorities including inspection and watchdog |
<table>
<thead>
<tr>
<th>health problem e.g. employment, NHS</th>
<th>Working with and through trusted networks to engage with community groups/interest groups</th>
<th>bodies, service commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted action to address groups at greater risk of mental health related stigma and discrimination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tertiary level: addressing instances of stigma and discrimination</th>
<th>Action to address stigmatising and/or discriminatory behaviour</th>
<th>Greater awareness of the provisions of DDA, and other equalities legislation as they relate to mental health problems</th>
<th>Statutory bodies including E&amp;HRC Public authorities</th>
</tr>
</thead>
</table>
References


Citigate SMARTS (2005a) ‘see me’ Children and Young People Questionnaire: Headline Results Edinburgh: Citigate SMARTS

Citigate SMARTS (2005b) ‘see me’ Children and Young People Tracking Questionnaire: Report on Results Edinburgh: Citigate SMARTS


Mearthuresearch (2003a) *Quantitative evaluation of the effect of the 2002 ‘see me’ advertising campaign*, Edinburgh: Progressive Research


Scottish Executive (2001c) *Our National Health: A plan for action, A plan for change*, Edinburgh: Scottish Executive


‘see me’ (2006) *’see me’ so far: A review of the first four years of the Scottish anti-stigma campaign*, Edinburgh: ‘see me’


Annex 1

Scotland’s National Programme for Improving Mental Health and Well-being: Aims and Priority Areas 2003 - 2006
Annex 2  
Summary of research activities set out in the Scottish Executive research specification to meet each of the five objectives

<table>
<thead>
<tr>
<th>Evaluation objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>To examine how the campaign was established, funding allocated, infrastructure developed and activities decided upon, and the factors affecting ongoing development</td>
<td>Tracking decision-making processes through interviews with key national stakeholders in the Scottish Executive and examination of files and evidence; Mapping local area anti-stigma activity; Examining how, whether ‘see me…’ activities have been co-ordinated with the work of other national delivery agencies</td>
</tr>
<tr>
<td>To assess the effectiveness to date of the various strands of the public campaign in terms of reaching the target audience, raising awareness and changing attitudes</td>
<td>Examining survey research and evaluation data; Examining messages coming from monitoring and evaluation at local levels where available Identifying gaps and collecting data to fill gaps</td>
</tr>
<tr>
<td>To assess whether and how the practice of media professionals has changed in relation to reporting of mental health issues</td>
<td>Gather views of media professionals on perceptions of whether and how ‘see me…’ activities have encouraged balanced, accurate and fair media portrayals of media reporting</td>
</tr>
<tr>
<td>To explore the experiences of the ‘see me…’ media volunteers</td>
<td>Explore the extent to which media volunteers feel able to make an impact, the barriers and facilitators</td>
</tr>
<tr>
<td>To identify and consider the ways in which anti-stigma and discrimination work could be taken forward in Scotland</td>
<td>Contacts with key stakeholder including Scottish Executive, ‘see me…’ management group service professional bodies, service user and carer organisations, disability rights organisations</td>
</tr>
</tbody>
</table>
### Annex 3 Summary of methods used and the range of participants involved at each phase

<table>
<thead>
<tr>
<th>PHASE</th>
<th>METHODS</th>
<th>PARTICIPANTS/GROUPS/AGENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Documentary analysis</td>
<td>‘see me….’ and Scottish Executive documentary material</td>
</tr>
<tr>
<td></td>
<td>Face to face interviews</td>
<td>Three Scottish Executive Stakeholders in the Mental Health Division involved in the setting up and/or on-going liaison with ‘see me….’</td>
</tr>
<tr>
<td></td>
<td>Telephone and face to face interviews</td>
<td>11 representatives from 8 National Programme Delivery agencies: SRN, Choose life, Healthy Working Lives, HeadsUPScotland, Health Promoting Schools Unit, Breathing Space, NHS Health Scotland, NRCEMH</td>
</tr>
<tr>
<td></td>
<td>Group interview and two telephone interviews</td>
<td>‘see me….’ operational team</td>
</tr>
<tr>
<td></td>
<td>Group interview</td>
<td>‘see me….’ management group</td>
</tr>
<tr>
<td></td>
<td>Face to face interview</td>
<td>IAS Smarts</td>
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<tr>
<td></td>
<td>Web survey</td>
<td>Health Board areas</td>
</tr>
<tr>
<td></td>
<td>Workshops</td>
<td>Three Health Board areas</td>
</tr>
<tr>
<td></td>
<td>Telephone and face to face interviews</td>
<td>Four organisations who had initiated ‘see me….’ related activities; Standard Life, Bell College, Birchwood Highland, Amey Roads</td>
</tr>
</tbody>
</table>
### Annex 3 (continued)

<table>
<thead>
<tr>
<th>PHASE</th>
<th>METHODS</th>
<th>PARTICIPANTS/GROUPS/AGENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 2</strong></td>
<td>Documentary analysis</td>
<td>‘see me….’ documentary analysis</td>
</tr>
<tr>
<td></td>
<td>‘see me….’ research and evaluation</td>
<td>Scottish Public Attitudes to Mental Health surveys</td>
</tr>
<tr>
<td></td>
<td>Web survey</td>
<td>Media professionals (8 responses)</td>
</tr>
<tr>
<td></td>
<td>Telephone interview</td>
<td>One media professional</td>
</tr>
<tr>
<td></td>
<td>Telephone and face to interviews</td>
<td>Eight Media Volunteers</td>
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<td></td>
<td></td>
<td>Media Volunteer trainer</td>
</tr>
<tr>
<td></td>
<td>Content analysis</td>
<td>Content analysis of newspapers at three time periods</td>
</tr>
<tr>
<td></td>
<td>Focus Groups</td>
<td>One group of service users</td>
</tr>
<tr>
<td></td>
<td></td>
<td>One group of carers</td>
</tr>
<tr>
<td><strong>Phases 2/3</strong></td>
<td>Telephone interviews</td>
<td>Depression Alliance</td>
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<tr>
<td></td>
<td></td>
<td>Mental Health Foundation</td>
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<td></td>
<td></td>
<td>Mental Welfare Commission</td>
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<td></td>
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<td>Disability Rights Commission</td>
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<td></td>
<td></td>
<td>Alzheimers' Scotland</td>
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<td></td>
<td></td>
<td>Compass Mental Health Liaison Team</td>
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<tr>
<td></td>
<td></td>
<td>Dundee Young Carers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LGBT Youth</td>
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<tr>
<td></td>
<td></td>
<td>Poverty Alliance</td>
</tr>
<tr>
<td><strong>Phase 3</strong></td>
<td>Telephone and face to face</td>
<td>GGHB Mental Health Partnership: Employability Project</td>
</tr>
<tr>
<td></td>
<td>interviews</td>
<td>GGHB Mental Health Partnership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scottish Independent Advocacy Alliance</td>
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<tr>
<td></td>
<td></td>
<td>Care Commission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communities Scotland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glasgow Housing Association</td>
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<td></td>
<td></td>
<td>Job Centre Plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trades Union</td>
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<tr>
<td></td>
<td></td>
<td>Royal College of Nursing</td>
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<td></td>
<td></td>
<td>Social Work/ADSW</td>
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<td></td>
<td></td>
<td>HMIC/ACPOS</td>
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<td></td>
<td></td>
<td>HMIP</td>
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<td>SPS</td>
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</tbody>
</table>
Annex 4 The employment and the workplace publicity campaign strand images and materials

Posters
Postcards

If your colleague went into hospital with schizophrenia, would you?

- Send them flowers and a card?
- Speak to their family and see if you could visit or call?
- Pretend they had left, and then avoid them when they came back?

Three out of ten employers will experience mental health problems in any one year. Fact is, most people with mental health problems can and do recover.

- Only 37% of employers say they would employ a person with a mental health problem.
- 64% of young people wouldn’t disclose a mental health problem to a future employer for fear of stigma.

Help to change things for the better. Offer your support and understanding. And help stop stigma in the workplace for good.

‘see me’ is a national campaign run by an alliance of mental health organisations. It combines national publicity campaigns with local and national work with organisations active in challenging stigma.

www.seemescotland.org

Screensaver

Lose the labels in the workplace.

www.seemescotland.org

loyal

headcase

schizod

nutter

loony
Desktop wallpaper
## Annex 5  Local anti-stigma activities involving ‘see me’

### Key to abbreviations:

<table>
<thead>
<tr>
<th>AYR</th>
<th>Ayrshire</th>
<th>FOR</th>
<th>Forth Valley</th>
<th>LA</th>
<th>Local Authority</th>
<th>STA</th>
<th>State Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>Black and minority ethnic communities</td>
<td>GRA</td>
<td>Grampian</td>
<td>LOT</td>
<td>Lothian</td>
<td>T</td>
<td>Tayside</td>
</tr>
<tr>
<td>C</td>
<td>Carers</td>
<td>GP</td>
<td>General Population</td>
<td>ORK</td>
<td>Orkney</td>
<td>U</td>
<td>Users</td>
</tr>
<tr>
<td>C&amp;YP</td>
<td>Children and young people</td>
<td>HB</td>
<td>Health Board</td>
<td>SHE</td>
<td>Shetland</td>
<td>WI</td>
<td>Western Isles</td>
</tr>
<tr>
<td>CL</td>
<td>Choose Life</td>
<td>HIG</td>
<td>Highland</td>
<td>SM</td>
<td>See Me</td>
<td>WP</td>
<td>Workplace</td>
</tr>
<tr>
<td>DUM</td>
<td>Dumfries &amp; Galloway</td>
<td>L</td>
<td>Local area</td>
<td>SRN</td>
<td>Scottish Recovery Network</td>
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</table>

### Activity | Health Board | Year | Target group | Funding | Partners | ‘See me’s role | Who initiated | User & Carers | Evaluated | Outcome |
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</tr>
</thead>
<tbody>
<tr>
<td>Piloting young people's &amp; workplace materials</td>
<td>ORK</td>
<td>2005</td>
<td>C&amp;YP</td>
<td>SM</td>
<td>Ran piloting</td>
<td>SM</td>
<td>U, C</td>
<td>Don’t know</td>
<td>Extensive coverage about ‘see me’ &amp; local services</td>
<td></td>
</tr>
<tr>
<td>Local seminar as part of IIHML</td>
<td>HIG</td>
<td>2006</td>
<td>C&amp;YP</td>
<td>HB</td>
<td>CL, HUG, Education, NHS Grampian</td>
<td>SM</td>
<td>U</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football Cards with Inverness Caledonian Thistle in Mental Health Week</td>
<td>HIG</td>
<td>2005</td>
<td>GP</td>
<td>SM, CL</td>
<td>HB, CL, Breathing Space, Samaritans</td>
<td>L</td>
<td>U, C</td>
<td>No</td>
<td>Local and national interest. Helping agencies saw 60% increase in use in the 6 months after launch.</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’s role</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Grampian Anti Stigma Group</td>
<td>GRA</td>
<td>2000-</td>
<td>GP</td>
<td>HB, SM</td>
<td>SRN, CL, Breathing Space, local agencies</td>
<td>Input to meetings, funding, materials, advice</td>
<td>L</td>
<td>U, C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus groups</td>
<td>WI</td>
<td>2002</td>
<td>GP, C&amp;YP</td>
<td>SM</td>
<td>NHS, college, user group</td>
<td>Facilitated discussion</td>
<td>SM</td>
<td>U, C</td>
<td>Yes</td>
<td>Fed into national campaign &amp; local agenda</td>
</tr>
<tr>
<td>Distributing SM materials</td>
<td>WI</td>
<td>2003-</td>
<td>GP</td>
<td>SM</td>
<td>Statutory agencies, SHAW</td>
<td>Provision of materials</td>
<td>L</td>
<td>No</td>
<td></td>
<td>Getting SM literature into public places</td>
</tr>
<tr>
<td>SM materials &amp; t-shirts at South Uist Agricultural Show</td>
<td>WI</td>
<td>2006</td>
<td>GP</td>
<td>SM</td>
<td>CHP, health promotion</td>
<td>Provision of materials &amp; t-shirts</td>
<td>L</td>
<td></td>
<td></td>
<td>Visited by several hundred people, many took away &amp; wore T shirts, became a talking point.</td>
</tr>
<tr>
<td>Local SM visits</td>
<td>SHE</td>
<td>2005</td>
<td>LA</td>
<td></td>
<td></td>
<td></td>
<td>L</td>
<td>C</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Publicity campaign in Health Board</td>
<td>SHE</td>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td>Provision of materials</td>
<td>SM</td>
<td>C</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’s role’</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Mind your Head fun run</td>
<td>SHE</td>
<td>2006</td>
<td>GP</td>
<td>Health promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>300 community members took part. Raised profile of mental health issues.</td>
</tr>
<tr>
<td>Newton Stewart Football Club - ‘see me’ strips</td>
<td>DUM</td>
<td>2005-2006</td>
<td>C&amp;YP</td>
<td>SM</td>
<td>Provided strips for all team members</td>
<td></td>
<td>L</td>
<td></td>
<td>Don’t know</td>
<td>Increased awareness of SM campaign</td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’s role</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Anti-stigma football match with St Johnstone FC</td>
<td>TAY</td>
<td>2006</td>
<td>GP</td>
<td>PLUS</td>
<td>LA, hospital</td>
<td>SM had arranged to be present for signing, but were unable to attend.</td>
<td>L</td>
<td>U</td>
<td>Yes</td>
<td>Users enjoyed playing with local football team. Promoted service user involvement and anti-stigma. Raised PR for PLUS. General public talking more openly about mental health.</td>
</tr>
<tr>
<td>Local campaign / advertising on buses</td>
<td>LOT</td>
<td>2003</td>
<td>GP</td>
<td>HB, SM</td>
<td>HB, SM</td>
<td>Negotiated advertising space. More emphasis on Lothian for national campaign. Evaluation.</td>
<td>SM</td>
<td></td>
<td>Yes</td>
<td>Developed relationship with SM. Few calls about materials on resources library number advertised on the buses</td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’’s role</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Anti-stigma volleyball team</td>
<td>TAY</td>
<td>2005</td>
<td>GP</td>
<td>SM, PLUS</td>
<td></td>
<td>Arranged photoshoot. Provided strips.</td>
<td>L</td>
<td>U</td>
<td></td>
<td>Getting mental health into mainstream. Changing attitudes in an area where mental health rarely discussed. Individuals in the team who suffer mental illness offered the chance to belong to something outwith mental health circle.</td>
</tr>
<tr>
<td>Anti-stigma message on West Lothian Council &amp; NHS payslips</td>
<td>LOT</td>
<td>2005</td>
<td>LA &amp; NHS staff</td>
<td>LA, HB</td>
<td>LA, HB</td>
<td>Had input on message on pay slip</td>
<td>L</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>User &amp; Carers</td>
<td>Who initiated</td>
<td>Evaluated</td>
<td>Outcomes</td>
<td></td>
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<td>----------</td>
<td></td>
</tr>
<tr>
<td>Supporting BME communities to address stigma</td>
<td>GLA</td>
<td>2005-</td>
<td>BME, faith leaders, popn.</td>
<td>SM, L.A.</td>
<td>NRCMEH, GAMH, MHF, NHS, Chinese Development Partnership, Chinese Healthy Living Centre, CHP, Youth Services.</td>
<td>U</td>
<td>Developer initiative</td>
<td>Assisting with developing the strategic plan, in research activity, funding, research &amp; communication skills training to local BME organisations.</td>
<td>Assisting with developing the strategic plan, in research activity, funding, research &amp; communication skills training to local BME organisations.</td>
<td>Developing a large scale intervention programme with 12+ partners to support BME community organisations &amp; address stigma through large scale community workshops, strengthening BME representation in service user movement, health &amp; social care staff, early intervention in school and youth sector, exploring stigma through arts and ICT etc.</td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>‘See me’s role</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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<td></td>
</tr>
<tr>
<td>Tackling stigma amongst young people</td>
<td>GLA</td>
<td>2005-</td>
<td>C&amp;YP</td>
<td>SM, LA, HB</td>
<td>Strategic support and advice. Jointly developed resources such as the schools</td>
<td>SM</td>
<td>U</td>
<td>Yes</td>
<td>Projects are being rolled out across secondary schools and an evaluation</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’s role</td>
<td>Who initiated</td>
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</tr>
<tr>
<td>Workplace anti-stigma programme</td>
<td>GLA</td>
<td>2004</td>
<td>WP, BME</td>
<td>SM, LA, HB, corporate</td>
<td>Positive Mental Attitudes, SAMH, GAMH, STEPS, SHAW/ Healthy Working Lives, HB, 6 universities, various NHS mental health teams, companies, economic &amp; regeneration agencies</td>
<td>Strategic support to tie regional work in with national priority areas. Provision of materials to support face to face learning approaches taken within project.</td>
<td>SM</td>
<td>U</td>
<td>Yes</td>
<td>Paper on impact produced. The learning workshops with narrative components has been made available nationally and mainstreamed in to local provision They have been adapted for key settings such as NHS and universities.</td>
</tr>
<tr>
<td>Two leaflets produced on mental health in the workplace.</td>
<td>AYR</td>
<td>2004</td>
<td>WP</td>
<td>HB</td>
<td>SM, HB, SHAW</td>
<td>Providing factual information and resource logos.</td>
<td>SM</td>
<td>?</td>
<td>Don’t know</td>
<td>Healthy Working Lives Officers use this leaflet a lot when working with workplaces throughout Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’s role</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Promotional work</td>
<td>AYR</td>
<td>2005</td>
<td>GP</td>
<td>SM</td>
<td>HB, SM, local anti-stigma group &amp; vol orgs.</td>
<td>Provided advertising, concentrated in the 3 Towns Area of North Ayrshire</td>
<td>SM</td>
<td>U, C</td>
<td>Yes</td>
<td>The 3TFM pilot project was successfully evaluated and repeated the following year (2006).</td>
</tr>
<tr>
<td>’see me’ radio ads used on 3TFM radio project</td>
<td>AYR</td>
<td>2006</td>
<td>GP</td>
<td>HB</td>
<td>Vol &amp; statutory agencies</td>
<td>Provided radio ads specific to ‘see me’ and resources.</td>
<td>L</td>
<td>U, C</td>
<td>Yes</td>
<td>Evaluation shows this is a successful way of communicatin g positive health messages to the general population.</td>
</tr>
<tr>
<td>Informing patients about “Stigma Stop Watch” campaign</td>
<td>STA</td>
<td>2005?</td>
<td>Patients</td>
<td>SM</td>
<td>State Hospital, PAS</td>
<td>Inform patients about the Stigma Stop Watch campaign, and ‘see me’”s role in general.</td>
<td>L</td>
<td>U</td>
<td></td>
<td>Patients at the State Hospital seem to have a good awareness of ’see me’ and their work.</td>
</tr>
<tr>
<td>Activity</td>
<td>Health Board</td>
<td>Year</td>
<td>Target group</td>
<td>Funding</td>
<td>Partners</td>
<td>‘See me’s role</td>
<td>Who initiated</td>
<td>User &amp; Carers</td>
<td>Evaluated</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Interventions (specifically Linda Dunion) in the press regarding secure hospitals</td>
<td>STA</td>
<td>On going</td>
<td>GP</td>
<td>SM</td>
<td></td>
<td>Writing responses to Scottish media coverage re: secure hospitals and those who stay there.</td>
<td>SM</td>
<td>?</td>
<td>?</td>
<td>Has offered a right to reply for those in the State Hospital. Hope messages will filter through to the public awareness to address the ignorance and misconception s that exist around the hospital.</td>
</tr>
<tr>
<td>Advice, information and guidance regarding individual patient issues with the press</td>
<td>STA</td>
<td>2007</td>
<td>Patients</td>
<td>SM</td>
<td></td>
<td>Advice through hospital staff on the risks for patients of contacting a newspaper editor directly. Provision of press cuttings for PAS to support complaint to the Press Complaints Commission and advice on how to frame complaint.</td>
<td>L</td>
<td>U</td>
<td>?</td>
<td>Still in the process of the complaint but the patient feels reassured by the interest and support of the high profile organisation.</td>
</tr>
</tbody>
</table>
### Annex 6  Comparison of attitudes to mental health problems in Scotland 2002 - 2006

Sources:
Scotland: Ipsos MORI (Braunholtz et al, 2007)

| If I were suffering from a mental health problem I wouldn't want people knowing about it | 50 | 45 | 41 |
| The public should be better protected from people with mental health problems | 35 | 24 | 32 |
| Anyone can suffer from a mental health problem | 98 | 97 | 97 |
| I would find it hard to talk to someone with mental health problems | 20 | 15 | 17 |
| People are generally caring and sympathetic to people with mental health problems | 36 | 39 | 40 |
| People with mental health problems are often dangerous | 32 | 15 | 16 |
| The majority of people with mental health problems recover | 50 | 46 | 46 |
| People with mental health problems should have the same rights as anyone else | 88 | 88 | 85 |
| People with mental health problems are largely to blame for their own condition | 7 | 6 | 4 |
Annex 7  Campaign effectiveness surveys commissioned by ‘see me’

*General Public post-campaign surveys*

<table>
<thead>
<tr>
<th>Date of survey</th>
<th>Method</th>
<th>Sampling frame</th>
<th>Sample size</th>
<th>Issues covered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oct 2002 launch of general public campaign</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus groups</td>
<td>Nov/Dec 02</td>
<td>Focus Groups</td>
<td>35 focus groups from health and voluntary sector, including &quot;mental health activists&quot;</td>
<td>200+ To feedback on campaign to date To identify future target groups</td>
</tr>
<tr>
<td>Group consultation</td>
<td>Dec 02</td>
<td>Self-completion questionnaire group consultation</td>
<td>Feedback in writing from local groups</td>
<td>Visibility of the campaign; How campaign handled; Best and disappointing things about the campaign; Main messages; Views on whether the messages are the right messages; Views on how the campaign has performed to date; Views on media elements; Views on future priorities</td>
</tr>
<tr>
<td>Street Survey</td>
<td>Dec 02</td>
<td>10 min questionnaire administered in city centre street 5-point attitudinal scale</td>
<td>Adults in Aberdeen Stirling Edinburgh Randomly recruited 48% m 52% f</td>
<td>525 Attitudes towards mental health; Recall of advertising relating to mental health in last few weeks; Idea of what the ‘see me’ campaign is about; What they think ‘see me’ is about; On being shown copies of the three advertisement images: views on main messages; agreement or disagreement with the aims of ‘see me’; Demographic questions</td>
</tr>
<tr>
<td>Date of survey</td>
<td>Method</td>
<td>Sampling frame</td>
<td>Sample size</td>
<td>Issues covered</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td><strong>February 2003 second launch of first general public campaign</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omnibus survey undertaken as part of Scottish Opinion Omnibus</td>
<td>Dec 02</td>
<td>CATI(^{11}) telephone survey</td>
<td>1001 adults aged 18+</td>
<td>Spontaneous and prompted recall of the campaign; Where campaign material seen; Views on campaign material</td>
</tr>
<tr>
<td>Grampian Case study</td>
<td>Feb 03</td>
<td>Street Surveys</td>
<td>'General Public' Aberdeen Edinburgh</td>
<td>Reach and recall</td>
</tr>
<tr>
<td>Omnibus survey</td>
<td>March 03</td>
<td>CATI Telephone Survey</td>
<td>'General Public'</td>
<td>Prompted and spontaneous recall of campaign; Attitudes towards mental health; Personal experience of stigma/discrimination</td>
</tr>
<tr>
<td>Omnibus survey</td>
<td>Sept 03</td>
<td>CATI Telephone Survey</td>
<td>'General Public'</td>
<td>Prompted and spontaneous recall of campaign; Attitudes towards mental health; Personal experience of stigma/discrimination</td>
</tr>
<tr>
<td><strong>October/November 2003 launch of second general public campaign</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omnibus Survey</td>
<td>Nov 2003</td>
<td>CATI Telephone Survey</td>
<td>'General Public'</td>
<td>Prompted and spontaneous recall of campaign; Attitudes towards mental health; Personal experience of stigma/discrimination</td>
</tr>
</tbody>
</table>

\(^{11}\) Computer Assisted Telephone Interviewing
### Young People's campaign post-campaign surveys

<table>
<thead>
<tr>
<th>Date of survey</th>
<th>Method</th>
<th>Sampling frame</th>
<th>Sample size</th>
<th>Examples of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Young People 'tracking survey' ('Baseline')</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct/Nov 2004</td>
<td>Self-completed questionnaire delivered in schools</td>
<td>'young people' in schools in Orkney and Dunfermline</td>
<td>448 'young people'</td>
<td>Measure of knowledge of mental health; Recall of previous campaigns</td>
</tr>
</tbody>
</table>

#### January 2005 launch of young people's campaign: 'cloud girl'

| | | | | |
| **Young People 'tracking survey'** | | | | |
| April 2005 | Self-completed questionnaire delivered in schools | 'young people' in schools in Orkney, Clydebank and Haddington | 406 'young people' | Recall of the campaign Knowledge and awareness of the campaign Knowledge, and awareness of and attitudes towards mental health |

| **'Cloud Boy' focus groups** | | | | |
| Sept 2005 | Focus groups | Two schools: one in Haddington one in Clydebank | 44 | (aimed to both assess recall of advertising and inform development of 'Cloud Boy' creative) |
| | | Two groups (n=20) aged 12 -13 | | |
| | | Two groups (n=24) aged 15 - 17 years 21 male 23 female | | |
| | | Schools selected because of earlier co-operation with 'see me' though not used previously for focus groups | | |

| **Omnibus survey of attitudes among adults to self harm** | | | | |
| November 2005 | CATI telephone survey | General public | Adults. Representativ e by age, gender, geographic location and socio-economic status | Attitudes to self-harm |
Annex 8 ‘see me’ commissioned surveys of attitudes over time

Sources:
Mcarthuresearch (Jan 2003a)
Mcarthuresearch (Nov 2003b)

<table>
<thead>
<tr>
<th>survey type</th>
<th>snippet</th>
<th>Dec 02</th>
<th>Dec 02*</th>
<th>Mar 03</th>
<th>Sept 03</th>
<th>Nov 03</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Survey % Agreeing strongly or slightly (aggregated)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I had a mental health problem I wouldn't want people knowing about it**</td>
<td></td>
<td>61</td>
<td>46</td>
<td>43</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>The public should be better protected from people with mental health problems</td>
<td></td>
<td>33</td>
<td>28</td>
<td>25</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Anyone can experience a mental health problem***</td>
<td></td>
<td>89</td>
<td>98</td>
<td>98</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>People are generally caring and sympathetic to people with mental health problems</td>
<td>n/a</td>
<td>40</td>
<td>40</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with mental health problems are often dangerous</td>
<td></td>
<td>26</td>
<td>21</td>
<td>16</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>The majority of people with mental health problems recover</td>
<td></td>
<td>42</td>
<td>53</td>
<td>58</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems should have the same rights as everyone else</td>
<td></td>
<td>82</td>
<td>93</td>
<td>89</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>People with mental health problems are largely to blame for their own condition</td>
<td></td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

* Data not available
** Wording in street survey: 'If I was suffering from mental health problems I wouldn't want people knowing about it?''
*** wording in street survey: "anyone can suffer from mental health problems?"
Annex 9 Awareness of mental health campaigns, initiatives and promotional activity

Sources:
2004: MORI (Braunholtz et al, 2004)
2006: Ipsos MORI (Braunholtz et al, 2007)

<table>
<thead>
<tr>
<th></th>
<th>Whether have heard of any of the following % Yes</th>
<th>2004</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base</strong></td>
<td></td>
<td>(1401)</td>
<td>(1216)</td>
</tr>
<tr>
<td>Choose Life, the national strategy and action plan to prevent suicide</td>
<td>26</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>‘see me’ the national anti-stigma campaign</td>
<td>34</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>The Breathing Space telephone advice line</td>
<td>14</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Scottish Recovery Network</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>ASIST suicide prevention</td>
<td>n/a</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>ArtFull</td>
<td>n/a</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HeadsUpScotland</td>
<td>n/a</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Doing Well by People with Depression</td>
<td>n/a</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Well magazine</td>
<td>n/a</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>
Annex 10  Spontaneous and prompted recall of seeing/hearing advertising on stigma and discrimination towards people with mental health problems in the previous 12 months

Table A10.1 Spontaneous recall of seeing/hearing advertising on stigma and discrimination towards people with mental health problems in past 12 months

Source: Mearthuresearch (Nov 2003b)

<table>
<thead>
<tr>
<th></th>
<th>Omnibus CATI Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dec 02</td>
</tr>
<tr>
<td>Base</td>
<td>(1001)</td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>20</td>
</tr>
<tr>
<td>Yes, think so</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>70</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
</tr>
</tbody>
</table>

Table A10.2 Prompted recall of seeing / hearing advertising on stigma and discrimination towards people with mental health problems in past 12 months

Sources: Mearthuresearch (January 2003a) Mearthuresearch (November 2003b)

<table>
<thead>
<tr>
<th></th>
<th>Omnibus CATI Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dec 02</td>
</tr>
<tr>
<td>Base*</td>
<td>(709)</td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>16</td>
</tr>
<tr>
<td>Yes, think so</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>75</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
</tr>
</tbody>
</table>

* Prompted question not asked of those spontaneously aware
**Prompted question not asked in Sept 03

The data from both sources suggests that the general population campaigns were 'reaching' a significant proportion of the population, but does nonetheless also indicate scope for targeting those parts of the population where ‘see me’ is still unfamiliar, particularly among those not already sensitised in some way to the issues.
Annex 11   Results from the young people’s campaign strand tracking surveys

Table A11.1  Awareness of different diagnoses/disabilities as being mental health problems: pre- and post young people's campaign strand

Source: Citigate Smarts, 2005b

<table>
<thead>
<tr>
<th>Diagnosis/Disability</th>
<th>Baseline November 2004</th>
<th>Post campaign May 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>61</td>
<td>63</td>
</tr>
<tr>
<td>Autism</td>
<td>38</td>
<td>28</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>59</td>
<td>55</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Depression</td>
<td>68</td>
<td>76</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>36</td>
<td>26</td>
</tr>
<tr>
<td>Down's syndrome</td>
<td>42</td>
<td>38</td>
</tr>
<tr>
<td>Stress</td>
<td>56</td>
<td>69</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>Manic Depression</td>
<td>71</td>
<td>75</td>
</tr>
<tr>
<td>Anorexia</td>
<td>51</td>
<td>57</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>45</td>
<td>42</td>
</tr>
</tbody>
</table>
Table A11.2  Attitudes pre- and post- young people's campaign strand

Sources: Citigate SMARTS 2005a
Citigate SMARTS 2005b

<table>
<thead>
<tr>
<th>Attitude statement</th>
<th>Baseline November 2004 % agreeing</th>
<th>Post campaign May 2005 % agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base</td>
<td>n/a (c448)</td>
<td>406</td>
</tr>
<tr>
<td>If I was suffering from mental health problems, I wouldn't want people knowing about it</td>
<td>48</td>
<td>41</td>
</tr>
<tr>
<td>Any young person can suffer from mental health problems</td>
<td>84</td>
<td>85</td>
</tr>
<tr>
<td>I would find it hard to talk to another young person with mental health problems</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Young people are generally caring and sympathetic to other young people with mental health problems</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>Young people who cut themselves are selfish and attention seeking</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Young people with mental health problems are less likely to have friends</td>
<td>33</td>
<td>19</td>
</tr>
<tr>
<td>Young people with mental health problems are largely to blame for their own condition</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Young people with mental health problems are more likely to be ignored by young people</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>Young people who hear voices should be locked up in a psychiatric hospital</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Young people who have eating disorders are attention seeking</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
### Table A11.3  Knowing how to help a friend pre- and post- the young people's campaign

Sources:
Citigate SMARTS 2005a
Citigate SMARTS 2005b

<table>
<thead>
<tr>
<th>Feeling would know how to help a friend by type of problem</th>
<th>Baseline November 2004 %</th>
<th>Post campaign 2005 (all responses) %</th>
<th>Post campaign May 2005 (by awareness of campaign) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>base</td>
<td>448 (?)</td>
<td>406</td>
<td>n/a 189(?)</td>
</tr>
<tr>
<td>Friend feeling really down all the time</td>
<td>33</td>
<td>36</td>
<td>n/a* 40</td>
</tr>
<tr>
<td>Friend deliberately cutting themselves</td>
<td>26</td>
<td>25</td>
<td>17 33</td>
</tr>
<tr>
<td>Friend hearing voices</td>
<td>16</td>
<td>16</td>
<td>10 24</td>
</tr>
</tbody>
</table>

*Data not available for those who were not aware of the campaign